

Workstation : KOM Admin.

Version No : 00

Revision No : 11

Effective Date : 21st Dec 2022

KULLIYYAH OF MEDICINE

IIUM KUANTAN

TRUST FUND UTILISATION FORM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Requestor’s Name:** |  | **Staff No:** |  | **Position:** |  |
| **Department :** |  | **Ext No:**  |  | **Date of Request :** |  |
| **Estimated Amount**  |  | **Request Trust Fund Code** |  | **Balance** **In Trust Fund:****(Please Refer with Finance Unit, KOM)** |  |
| **Requestor’s Signature** |  | **Signature Head of Department & Stamp** |  | **Date Recommended by Head of Dept** |  |

Detail description of the item

|  |  |  |
| --- | --- | --- |
| Item & Descriptions | Quantity | Justification |
|  |  |  |

|  |
| --- |
| *KOM TRUST FUND CODE* |
| [ ]  *T-169-0001 (General)*[ ]  *T-169-0002 (BMS)*[ ]  *T-169-0003 (Pediatrics)*[ ]  *T-169-0004 (Commed)* [ ]  *T-169-0005 (Radiology)*[ ]  *T-169-0006 (Orthopedics)*[ ]  *T-169-0007 (Psychiatry)*[ ]  *T-169-0008 (O&G)*[ ]  *T-169-0009 (Internal Med)* | [ ]  *T-169-0010 (Anaest)*[ ]  *T-169-0011 (Ophthalmology)*[ ]  *T-169-0012 (ENT)*[ ]  *T-169-0014 (IIUM Breast Centre)*[ ]  *T-169-0015 (Family Medicine)*[ ] *T-169-0016 (Surgery)*[ ] *T-169-0017 (Orthopedics Research*  *Laboratory)*[ ]  *T-169-0018 (Clinical Trial Unit)* | [ ]  *T-169-0019 (Tabung Penyayang)*[ ]  *T-169-0020 (Family Health Clinic)*[ ]  *T-169-0021 (Postgraduate & Research)*[ ]  *T-169-0022 (Medical Research Trust Account)*[ ]  *T-169-0023 (IMJM Trust Account)*[ ]  *T-169.0024 (Family Health Clinic (Consultation Fees*  *Trust Account))*[ ]  *S-169-0001 (Bench Fees Trust Account)*[ ]  ***S-169-0002 (Kulliyyah of Medicine Research Trust***  ***Fund)*** |

|  |  |
| --- | --- |
| Checked by: | Recommended by: |
| ……………………………………..INTAN SYALIA BINTI WAHID | ……………………………………..ABDUL MALEK BIN ABDUL HADI |
| Accounting Assistant | Position: Secretary |
| Date: | Date: |

|  |
| --- |
| For Office Use Only (Soft Loan) |
| Total Soft Loan |  | Request Amount for Soft Loan |  |
| Soft Loan Paid |  |
| Soft Loan Balance |  |
| Request Trust Fund Code for Soft Loan |  | Remark: |  |
| Available Trust Fund Balance: |

Approved By:

|  |  |
| --- | --- |
| 1. I Approve / Do Not Approve for the above procurement
2. Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | ……………………………………..BR. ZAIDI B. ABD GHANIPosition: Finance RepresentativeDate: |
| 1. I Approve / Do Not Approve for the above procurement
2. Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | ……………………………………..ASSOC. PROF. DATO’ DR. KHAIRIDZAN BIN MOHD KAMALPosition: Member Date: |
| 1. I Approve / Do Not Approve for the above procurement
2. Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | ……………………………………..PROF. DR. MOHD. AZNAN MD. ARISPosition: MemberDate: |
| 1. I Approve / Do Not Approve for the above procurement
2. Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | ……………………………………..ASST. PROF. DR. SORAYA BINTI ISMAILPosition: MemberDate: |
| 1. I Approve / Do Not Approve for the above procurement
2. Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | ……………………………………..PROF. DR. AZRINA MD. RALIBPosition: MemberDate: |
| 1. I Approve / Do Not Approve for the above procurement
2. Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | ……………………………………..PROF. DR. JAMALLUDIN BIN AB RAHMANPosition: ChairmanDate: |