

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)*** |

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| 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 GHANI  Position: Finance Representative  Date: |
| 1. I Approve / Do Not Approve for the above procurement 2. Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ……………………………………..  ASSOC. PROF. DATO’ DR. KHAIRIDZAN BIN MOHD KAMAL  Position: Member  Date: |
| 1. I Approve / Do Not Approve for the above procurement 2. Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ……………………………………..  PROF. DR. MOHD. AZNAN MD. ARIS  Position: Member  Date: |
| 1. I Approve / Do Not Approve for the above procurement 2. Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ……………………………………..  ASST. PROF. DR. SORAYA BINTI ISMAIL  Position: Member  Date: |
| 1. I Approve / Do Not Approve for the above procurement 2. Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ……………………………………..  PROF. DR. AZRINA MD. RALIB  Position: Member  Date: |
| 1. I Approve / Do Not Approve for the above procurement 2. Comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ……………………………………..  PROF. DR. JAMALLUDIN BIN AB RAHMAN  Position: Chairman  Date: |