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Workstation: RMC

Version : 00

Revision : 00

Effective : 30/11/2020

**RESEARCH MANAGEMENT CENTRE**

**TRAVELLING ADVANCEMENT FORM**

**INSTRUCTION:**

1. Please ensure the following **documents are attached** with the completed form.
2. All expenses must adhere to the General / Funder Guidelines for Research Funding and IIUM Financial Policy.
3. Researcher is responsible to get the approval from the relevant authority prior to travelling.

**CHECKLIST:**

|  |  |  |
| --- | --- | --- |
| **No** | **Items** | **Check List (Please tick)** |
| 1. | Completed Form with signature | ☐ |
| 2. | Copy of approval form for Attending Seminar/ Conference / Workshop / Training / Data Collection | ☐ |

**NOTE:**

1. The travelling advancement **only cover** **for** food allowance and accommodation (eligibility)
2. The subsequent disbursement of the grant will be made once the researcher produces receipts (original) of the earlier disbursement in order to prove 100% utilization of the said disbursement.

|  |  |
| --- | --- |
| **FOR OFFICE USE** | |
| Document Complete / Incomplete  Date: …………………………………. | **Checked by:**  Name: …………………………………..  Position: ………………………………… |

|  |  |
| --- | --- |
| **A** | **REQUESTOR DETAIL** |
|  | Date: |
| Name of Requestor : |
| Staff No.: Post and Grade: |
| K/C/D/I : Tel No. / Mobile No. : |
| Project ID : |
|  | Project Title: |
| **B** | **DETAIL OF TRAVELLING** |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **NO.** | **DETAIL OF TRAVELLING** | | | | | | | **1** | **Destination *(✓ where applicable)*** | | | | | | |  | Nature of travelling | ☐Conference / Seminar / Workshop / Training | | ☐Local | | | |  |  | ☐Data Collection | | ☐Overseas | | | |  | Name of Event |  | | | | | |  | City / Country |  | | | | | | **2** | **Date** | | | | | | |  | Date of Event |  | | | | | |  | Date of Departure |  | Date of Arrival in Malaysia | | |  | |  | Duration of Travelling |  | | | | | | **3** | **RESEARCH VOTE CODE** | **DESCRIPTION OF EXPENDITURE** | | | **AMOUNT (RM)** | | |  |  |  | | |  | | |
| **C** | **DECLARATION BY REQUESTOR** |
|  | 1. I hereby authorized the Executive Director of Finance Division to deduct from my salary if I fail to submit my claim within **THIRTY (30) DAYS** after the date of arrival. 2. For overseas travelling, if the trip is not approved by the Ministry of Higher Education, I hereby authorized the Executive Director of Finance Division to deduct from the my salary with immediate effect.   Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **D** | **APPROVAL BY:**  **HEAD OF RESEARCH (FRGS & RIGS ONLY) / DEPUTY DEAN (POSTGRADUATE & RESEARCH) / DEPUTY DIRECTOR (RMC)** |
|  | Approved Not Approved  Comment: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stamp: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **FOR FINANCE ZONE 2** |
| **ADVANCEMENT APPROVED**:  Food Allowance : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Accommodation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |