Endorsement	KPGC 8/2025
Version	1
Effective Date	1/10/2025

POSTGRADUATE OFFICE
KULLIYYAH OF MEDICINE
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

MILEAGE CLAIM FORM

Department/Programme: _____

Name of Claimant: _____

Matric Number: _____

Designation: _____

Purpose: _____

Date	From (Location)	To (Location)	Distance (km)	Rate (RM per km)	Amount (RM)

Total Distance (km): _____

Total Claim (RM): _____

Declaration

I hereby declare that the above mileage claim is true and correct.

Signature of Claimant: _____ Date: _____

Approval

Verified & Approved by: _____

Designation: _____

Date: _____