PAYMENT APPROVAL FORM

KCDIOM: _____

CHECKLIST

GENERAL DOCUMENTS FOR PAYMENT

- ☐ Verified Original Invoice/Receipt
- ☐ Approved Proposal & Financial Report (if any)
- ☐ Trust Fund Minute Meeting (if any)

TYPE OF PAYMENT

(please tick accordingly)

DIRECT ADVICE

- ☐ Registered IIUM Vendor
- ☐ Appointment Letter *(for Honorarium)*
- ☐ Refreshment Order Form & Invitation Letter
- ☐ LHDN Tax Clearance Letter *(for Gratuity)*
- ☐ IIUM Clearance Form *(for Gratuity)*
- ☐ Contract Staff Appointment Letter *(for IIUM School Fees)*
- ☐ Copy of bank account *(for individual, non-IIUM staff)*
- ☐ Copy of passport *(for individual)*

REIMBURSEMENT

- ☐ Complete ITD Computer Allowance Form
- ☐ Appointment Letter *(for New Staff)*
- ☐ Certificate for IR/CEng/PEng *(KOE Only)*
- ☐ Overseas Conference Form & Lampiran A
- ☐ Air Fare to visit Home Region
- ☐ MSD approval for attending external training form
- ☐ Invitation/Email /Other Correspondence

PETTY CASH

- ☐ Petty Cash Claim Form
- ☐ Petty Cash Statement (Report)

PO PAYMENT

- ☐ Invoice
- ☐ Copy of PO
- ☐ DO/Service Report

CONTRACT/LEASING/RENTAL

- ☐ DO/Cert. of Completion/Practical Completion
- ☐ Letter of Award
- ☐ Financial Report
- ☐ Service Report - Works/Services

FACILITIES MANAGEMENT

- ☐ Verified Summary of KPI Deduction
- ☐ Details of Agreed Deduction
- ☐ Minutes Meeting

LAND MATTERS (Quit Rent, Tax Assesment, Lease, etc)

- ☐ Verified bill
- ☐ Summary of quit rent/ tax assessment (if any)
- ☐ Lease Agreement (Lease only)

UTILITIES

- ☐ Verified bill

WASTE MANAGEMENT

- ☐ Verified Report
- ☐ Copy of LOA
- ☐ Complete Consignment Note

SAVING PROJECT

- ☐ Verified report by FMS technical staff (Energy & Water Saving)
- ☐ Copy of LOA

PAYMENT'S PARTICULAR

1) PAYABLE TO (NAME)			
2) STAFF / STUDENT MATRIC NO. *(if any)*		**3) PHONE NO.**	
4) BANK DETAILS *(For non-IIUM Staff (individual), please enclose a copy of bank account)*	**Bank Name**		
	Account No.		
	SWIFT / IBAN Code *(if any)*		

5) SOURCE OF BUDGET	**Account Code *(vote)*** *eg. B29404*		
	Project Code *(if any)* *(Operating / Trust / Student Fund)*		
	Budget Available (RM):		
6) PAYMENT DETAILS *(If space is insufficient, please use attachment)*	**DESCRIPTION**		**AMOUNT (RM)**
	1.		
	2.		
	3.		
	4.		
		TOTAL (RM)	

NOTES :

1. All documents for payment must be **submitted within 3 months** from the date of financial documents *(ie. invoice/receipt and etc.)*
2. The supporting documents must be **verified** by the authorised administrative officer.

DECLARATION BY KCDIOM		
Prepared by Staff KCDIOM :	Verified by Authorised Administrative Officer:	Approved by Head of KCDIOM (Dean/Director):
.....	.....	.....
(Signature & Official Stamping)	(Signature & Official Stamping)	(Signature & Official Stamping)
Name : _____	Name : _____	Name : _____
Date : _____	Date : _____	Date : _____
Ext. No. : _____	Ext. No. : _____	Ext. No. : _____

FOR FINANCE USE	
DOCUMENT STATUS :	**COMPLETE / INCOMPLETE**
REMARK :	
DATE :	