**A close up of a clock

Description automatically generated**

**KULLIYYAH OF NURSING**

**RESEARCH CLAIM FORM**

**(REIMBURSEMENT OF BENCH FEE)**

**INSTRUCTION:**

1. Please ensure the following **documents are attached** with the completed form.
2. All expenses must adhere to the IIUM Financial Policy.
3. Students are responsible to get the approval from the relevant authority prior to purchase.

**CHECKLIST:**

|  |  |  |
| --- | --- | --- |
| **No** | **Items** | **Check List (Please tick)** |
| 1 | Completed Form with signature | ☐ |
| 2 | **Original receipts** (pasted on A4 paper) | ☐ |
| 3 | Proof of expenses: |  |
|  | Conversion proof for expenses not in Ringgit Malaysia – Oanda.com | ☐ |
|  | Copy of online transaction *(if payment through online)* | ☐ |
| 4 | Registration claim –   * Copy of approval form for Attending Seminar/ Conference / Workshop / Training | ☐ |
| 5. | Publication fee claim –   * Full Article with acknowledgement to the funder * Acceptance of Article * Evidence that the journal is currently indexed by WoS – SCOPUS – ERA | ☐ |

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

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| **A** | **REQUESTOR DETAILS** | |
|  | Date: Current Year/Semester: | |
| Name of Requestor : Matric No.: | |
| K / C / D / I : Tel No. / Mobile No. : | |
| Level of Study: Master / PhD Course Name: | |
| Bank Account No. : Bank Name: | |
| **B.** | **CLAIM DETAILS** | |
|  | |  |  |  | | --- | --- | --- | | **NO.** | **ITEMS** | **AMOUNT (RM)** | | **1** | **Travelling Expenses & Subsistence** |  | |  | Local |  | |  | Overseas |  | | **2** | **Rental** |  | |  | Other Machinery Rental |  | |  | Other Rental *(Car / Computer etc)* |  | | **3** | **Research Material and Supplies** |  | |  | Stationery *(related to research only)* |  | |  | Disposable Science Supply |  | |  | Research Material Supplies |  | |  | Research Equipment and Supplies  *(Contract Research only)* |  | |  | Computer Software and License |  | | **4** | **Maintenance and Minor Repair Services** |  | |  | Machinery Maintenance and Repair |  | |  | Computer Maintenance and Repair |  | |  | Scientific Equipment Maintenance and Repair |  | |  | Civil Maintenance  *(Installation of partition for Laboratory as approve in the proposal)* |  | | **5** | **Professional Services and Other services** |  | |  | Scientific and Research Services  *(Analysis / Sampling)* |  | |  | Patent / Copyright / IP |  | |  | Advertising and Publication Services (fee) |  | |  | Other Services  *(Data subscription / Renewal of Software License)* |  | |  | Printing / Photocopy |  | |  | Entertainment / Refreshment  *(related to research only and subject to Government Policy)* |  | |  | Honorarium  (*Enumerators / Proof reading / Editing / Consultant fee / Research Assistant)* |  | |  | Conference / Seminar / Workshop / Training Fee (local) |  | |  | Conference Fee (Overseas) |  | |  | Special Program  *(Focus Group Discussion)* |  |  |  |  |  | | --- | --- | --- | | **6** | **Equipment** |  | |  | AV Equipment |  | |  | ICT Related *(Workstation / Printer* |  | |  | Scientific Equipment |  | |  | Inventory *(below RM500.00)* |  |  |  |  | | --- | --- | | **TOTAL CLAIM** |  |  |  | | --- | | **THE CLAIM IS PAYABLE TO:** | | |
| **C.** | **DECLARATION BY REQUESTOR** | |
|  | I, the requestor of the above, hereby declare that all receipts attached are genuine and the claims are true.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **VERIFIED BY:**  ***(Supervisory Committee)***  Supervisory Committee : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  Stamp:  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **D.** | **RECOMMENDATION AND APPROVAL BY:**  **DEPUTY DEAN (POSTGRADUATE & RESEARCH), KULLIYYAH OF NURSING** | |
|  | Recommendation for Approval Not recommended  Comment: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stamp: Date: | |
| **E.** | **RECOMMENDATION BY:**  **ADMINISTRATION OFFICE, KULLIYYAH OF NURSING** | |
|  | Recommended Not Recommended  Comment: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stamp: Date: | |
| **F.** | **APPROVAL BY:**  **DEAN KULLIYYAH OF NURSING** | |
|  | Approved Not Approved  Comment: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stamp: Date: | |

**WORKFLOW OF APPLICATION FOR REIMBURSEMENT OF BENCH FEE**

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| --- | --- |
| **RESPONSIBILITY** | **DETAILED PROCEDURES** |
| **1.** | **Processing application form for Research Claim Form** |
| AA | 1.1 Receive application form for Research Claim Form |
| **2.** | **Verification of staff status and documents** |
| AA | 2.1 Verify the applicants’ status through the Academic System |
| AA | 2.2 If not eligible, inform respective student through letter/email |
| **3.** | **CHECK RELEVANT DOCUMENTS** |
| DDPGR | Check the applicants’ supporting documents |
| DDPGR | Check the genuinity of the claim/documents and eligibility of the students for the reimbursement of bench fee. If documents are insufficient, to request from the respective student through telephone call or letter |
| DDPGR | Recommend the application for approval |
| **4.** | **CHECK ELIGIBILITY AMOUNT** |
| SAD | Check the eligible amount to be given based on the nature of the case as stipulated in the IIUM Financial Policies |
| SAD | Recommend the application for approval |
| **5.** | **APPROVAL OF THE CLAIM** |
| DEAN | Approved the claim based on recommendations |
| DEAN | If application is not to be approved, to return the form to DDPGR Office |
| **6.** | **PROCESSING OF PAYMENT** |
| SAD | To send memo to Finance Department for payment to the student through their account |
| **7.** | **RECORD OF DOCUMENTS** |
| AA | Compile all approved applications for endorsement in KNPGRC Meeting |
| AA | File all documents |