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**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 / IncompleteDate: …………………………………. | **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** |
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| **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)* |  |

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| **6** | **Equipment** |  |
|  | AV Equipment |  |
|  | ICT Related *(Workstation / Printer* |  |
|  | Scientific Equipment |  |
|  | Inventory *(below RM500.00)* |  |

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| **TOTAL CLAIM** |  |

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| **THE CLAIM IS PAYABLE TO:**  |

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| **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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SignatureStamp: 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 |