



Reference No.: _____

PAYMENT REQUEST FORM (REIMBURSEMENT / REFUND)

Payable to : _____
Staff No. : _____
Name of bank : _____ Account No: _____

(Compulsory for non IIUM Staff and please enclosed the bank statement)

Budget : OPERATING / TRUST / STUDENT ACTIVITY TRUST
Cost Centre : _____
Vote : _____
Project Code (If Any) : _____

SUMMARY		
NO.	PAYMENT FOR	AMOUNT (RM)
TOTAL AMOUNT		

Prepared by:

Recommended by:

.....
Advisor Name / Officer In-Charge:

Tel/Ext No.:

Date:

.....
Head of Department

K/C/D/I/O:

Date:

Checked by:

Approved by:

.....
Assistant Accountant

Date:

.....
Deputy Campus Director (SDSS)

Date:

Rules and Regulations:

1. All claims must be submitted together with the original documents as proof of payment and supporting document i.e. original invoice and copy of proposal.
2. All supporting documents must be verified by Head of Department/Administrative Officer.