



BENCH FEES REIMBURSEMENT FORM

INSTRUCTIONS:

- Please attach original receipts. All receipts must be verified by the Head of Department before submission to the ODDPGRR1
- Only claims made within **three (3)** months from the date of the receipts will be entertained.
- Student must submit financial statement (can be downloaded from i-Ma'luum) as a proof that there are no outstanding fees and their bench fees payment has been made in the previous / current semester.
- The bench fee is a fee to cover the specific cost associated with research work, laboratory work, field work or any expenses related to postgraduate studies as per endorsed by the KPGRC.
- Bench Fees allocation per semester:

No.	Type of Postgraduate Student	Implementation	PhD	Master
1	International	Effective for new student intake semester 1, Session 2017/2018 onwards	RM1,000.00	RM1,500.00
2	Local		RM1,500.00	RM1,000.00

- The claimable amount of bench fee is cumulative and is based on the total amount of paid bench fees by the student.

A. SUPERVISOR/STUDENT DETAILS

SUPERVISOR NAME		STAFF NO.	
K/C/D/I/O		H/P NO.	
STUDENT NAME		MATRIC NO.	
PROGRAMME		H/P NO.	

B. DETAIL OF ITEMS TO CLAIM

NO.	ITEMS	AMOUNT	REMARKS
1			
2			
3			
TOTAL CLAIM			

(Please use additional sheet if the provided space is not enough)

C. CLAIM PAYABLE TO

ACCOUNT OWNER'S NAME*		STAFF / MATRIC NO.	
ROLE	* MAIN SUPERVISOR / CO-SUPERVISOR / STUDENT	H/P NO.	
BANK NAME		ACCOUNT NO.	

* Circle whichever applicable

D. DECLARATION

STUDENT	MAIN SUPERVISOR
I hereby declare that all receipts attached are genuine and the claims are true. Signature : _____ Date : _____	I hereby declare that all receipts attached are genuine and the claims are true. Signature : _____ Date : _____

E. RECOMMENDATION

HEAD OF DEPARTMENT	DEPUTY DEAN (PGRR1)
<input type="checkbox"/> : Recommended <input type="checkbox"/> : Not Recommended Remarks: _____ Signature: _____ Date: _____ Name: _____	<input type="checkbox"/> : Recommended <input type="checkbox"/> : Not Recommended Remarks: _____ Signature: _____ Date: _____ Name: _____

F. DDPGRR1 OFFICE USE

Total Bench Fees Paid to IIUM: _____	Total Claim Payable: _____
Total Claimed Bench Fees: _____	Remarks: _____
Available Bench Fee Balance for Next Claim: _____	Updated by: _____ Date: _____