



PAYMENT APPROVAL FORM

K/C/D/I/O : _____

Payable to : _____

Staff /Matric No : _____

Name of Bank : _____ Account No : _____

(For *non IIUM Staff* please enclose a copy of bank statement)

Budget : OPERATING TRUST OPERATING TRUST
STUDENT ACTIVITY TRUST

Account Code : _____

Project Code (if any) : _____

NO.	PAYMENT FOR	AMOUNT (RM)
TOTAL AMOUNT		

Requested by:

Checked by:

Official Stamp : _____

Administrative Officer _____

Ext. No : _____

Official Stamp :

Date : _____

Date :

Approved by:

Dean/Director

Official Stamp :

Date :

1. All claims and reimbursement must be submitted within 3 months from the date of invoice/receipt
2. The supporting documents must be certified by authorized officer.