

**FINANCIAL REPORT FORM**

**(POSTGRADUATE STUDENT PROGRAMME)**

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| **K/C/D/I/O** | : |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Program : | | | | | |
| Organizer : | |  |  | | |
| Date : | | | | | |
| (A) Total Income (RM) : RM | |  |  | | |
| (B) Total Expenditure (RM) : RM | |  |  | | |
| Balance (RM) (A-B) : RM | |  |  | | |
| **Prepared by:** | **Verified by:** | | | **Approved by:** |
|  |  | | |  |
| **\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **(Officer In-Charge/**  **Program Manager)** | **(Officer In-Charge)** | | | **(Dean/Director)** |
| **Name:** | Name: | | | Name: |
| **Date:** | Date: | | | Date: |

**Notes:**

**Please attach the following documents:**

1. **Approval Letter**
2. **Financial statement consists of income and expenditure (please fill in as per attach)**
3. **Compilation of all official receipts on the A4 paper according to category as Reported above**
4. **All receipts must be certified by Authorized Administrative Officer**
5. **The validity of claim is within 3 months from the date of event/ programme. Late submission will not be entertained**

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| ***For Finance Use :***  APPROVED NOT APPROVED  \*Remarks :  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FINANCIAL STATEMENT**

Approved Proposed Budget: RM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NO | PARTICULAR | AMOUNT(RM) | TOTAL(RM) | APPENDIX |
| **A** | **INCOME** |  |  |  |
| 1 | APPROVED BUDGET BY K/C/D/I/O |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **(A) TOTAL INCOME** |  |  |  |
| **B** | **EXPENDITURE** |  |  |  |
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|  | **(B) TOTAL EXPENDITURE** |  |  |  |
| **BUDGET BALANCE ( A-B ) (RM)** | |  |  |  |

**IMPORTANT**: **\*** Total expenditure should not more than approved proposed budget in proposal.

Prepared by:

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(Officer In-Charge/ Programme Manager) Name:

Date:

Certified by:

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(Authorized Administrative Officer)

Name:

Date: