

**FINANCIAL REPORT FORM**

**(STUDENT PROGRAMME)**

**K/C/D/I/O : KULLIYYAH OF SUSTAINABLE TOURISM AND CONTEMPORARY LANGUAGES**

**(PAGOH CAMPUS)**

Name of Programme :

Organizer :

Date :

(A) Total Income (RM) : RM 0.00

(B) Total Expenditure (RM) : RM 0.00

Balance (RM) (A-B**) :** RM 0.00

**Prepared by:**

**(Secretary / Programme Manager)**

**Name:**

**Date:**

**Verified by:**

**(Officer In-Charge) \* SIGNED BY OSDCE**

**Name:**

**Date:**

**Approved by:**

**(Dean / Director)**

**Name:**

**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 Advisors**

**5. The validity of claim is within 3 months from the date of event/ programme. Late submission will not be entertained**

***For Finance Use:***

APPROVED NOT APPROVED

\* Remarks:

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**FINANCIAL STATEMENT**

Approved Proposed Budget: RM 600.00

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NO | PARTICULAR | AMOUNT(RM) | TOTAL(RM) | APPENDIX |
| **A** | **INCOME** |  |  |  |
| 1 | APPROVED BUDGET FROM KULLIYYAH  (SAT/CAT/SMT) | 200.00 |  |  |
| 2 | Ex: Fees Collection  20 x RM 20 | 400.00 |  |  |
|  | **(A) TOTAL INCOME** |  | **600.00** |  |
| **B** | **EXPENDITURE** |  |  |  |
| 1 | **Ex: Meal (if any)**  (Breakfast RM3 / Lunch RM7 / Dinner RM7)  (Ex: RM3 x No. of Pax) | 200.00 |  | 1 |
| 2 | **Ex: Preparation & Technical**  Printing & Stationeries | 100.00 |  | 2 |
| 3 | **Ex: Honorarium / TOA** | 200.00 |  | 3 |
|  | \*Please delete this row if not in use |  |  |  |
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|  |  |  |  |  |
|  | **(B) TOTAL EXPENDITURE** |  | **500.00** |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **BUDGET BALANCE (A-B) (RM)** | |  | **0.00** |  |

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

Prepared by:

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(Secretary / Programme Manager)

Name:

Date:

Certified by:

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(Authorized Administrative Officer)

**\* SIGNED BY OSDCE**

Name:

Date