



**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)
<b>TOTAL AMOUNT</b>		

Prepared by:

Recommended by:

.....  
 Advisor/ Officer In-Charge:  
 Tel/Ext No.:  
 Date:

.....  
 Head of Department/ Deputy Dean /Principal  
 K/C/D/I/O/M:  
 Date:

Checked by:

Approved by:

.....  
 Assistant Accountant  
 Date:

.....  
 Deputy Campus Director (SDSS)  
 Date:

**Rules and Regulations:**

- All claims must be submitted together with the original documents as proof of payment and supporting document i.e. original invoice, copy of proposal and approval letter.**
- All supporting documents must be verified by Head of Department/Administrative Officer.**
- The recipients of the advancement are not allowed to verify their own receipts**
- NO reimbursement shall be entertained more than 3 months from the last date of the programme.**