

PAYMENT APPROVAL FORM

KCDIOM: _____

CHECKLIST

GENERAL DOCUMENTS FOR PAYMENT

☐	Verified Original Invoice/Receipt
☐	Approved Proposal & Financial Report (if any)
☐	Trust Fund Minute Meeting (if any)

TYPE OF PAYMENT

(please tick accordingly)

DIRECT ADVICE

☐	Registered IIUM Vendor
☐	Appointment Letter <i>(for Honorarium)</i>
☐	Refreshment Order Form & Invitation Letter
☐	LHDN Tax Clearance Letter <i>(for Gratuity)</i>
☐	IIUM Clearance Form <i>(for Gratuity)</i>
☐	Contract Staff Appointment Letter <i>(for IIUM School Fees)</i>
☐	Copy of bank account <i>(for individual, non-IIUM staff)</i>
☐	Copy of passport <i>(for individual)</i>

REIMBURSEMENT

☐	Complete ITD Computer Allowance Form
☐	Appointment Letter <i>(for New Staff)</i>
☐	Certificate for IR/CEng/PEng <i>(KOE Only)</i>
☐	Overseas Conference Form & Lampiran A
☐	Air Fare to visit Home Region
☐	MSD approval for attending external training form
☐	Invitation/Email /Other Correspondence

PETTY CASH

☐	Petty Cash Claim Form
☐	Petty Cash Statement (Report)

PO PAYMENT

☐	Invoice
☐	Copy of PO
☐	DO/Service Report

CONTRACT/LEASING/RENTAL

☐	DO/Cert. of Completion/Practical Completion
☐	Letter of Award
☐	Financial Report
☐	Service Report - Works/Services

FACILITIES MANAGEMENT

☐	Verified Summary of KPI Deduction
☐	Details of Agreed Deduction
☐	Minutes Meeting

LAND MATTERS (Quit Rent, Tax Assesment, Lease, etc)

☐	Verified bill
☐	Summary of quit rent/ tax assessment (if any)
☐	Lease Agreement (Lease only)

UTILITIES

☐	Verified bill
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WASTE MANAGEMENT

☐	Verified Report
☐	Copy of LOA
☐	Complete Consignment Note

SAVING PROJECT

☐	Verified report by FMS technical staff (Energy & Water Saving)
☐	Copy of LOA

PAYMENT'S PARTICULAR

1) PAYABLE TO (NAME)			
2) STAFF / STUDENT MATRIC NO. (if any)		3) PHONE NO.	
4) BANK DETAILS	Bank Name		
<i>(For non-IIUM Staff (individual), please enclose a copy of bank account)</i>	Account No.		
	SWIFT / IBAN Code (if any)		

5) SOURCE OF BUDGET	Account Code (vote) <i>eg. B29404</i>		
	Project Code (if any) (Operating / Trust / Student Fund)		
	Budget Available (RM):		
6) PAYMENT DETAILS (If space is insufficient, please use attachment)	DESCRIPTION		AMOUNT (RM)
	1.		
	2.		
	3.		
	4.		
	TOTAL (RM)		

NOTES :

1. All documents for payment must be **submitted within 3 months** from the date of financial documents
(ie. invoice/receipt and etc.)
2. The supporting documents must be **verified** by the authorised administrative officer.

DECLARATION BY KCDIOM		
Prepared by Staff KCDIOM :	Verified by Authorised Administrative Officer:	Approved by Head of KCDIOM (Dean/Director):
.....		
(Signature & Official Stamping)	(Signature & Official Stamping)	(Signature & Official Stamping)
Name : _____	Name : _____	Name : _____
Date : _____	Date : _____	Date : _____
Ext. No. : _____	Ext. No. : _____	Ext. No. : _____

FOR FINANCE USE	
DOCUMENT STATUS :	COMPLETE / INCOMPLETE
REMARK :	
DATE :	