

**AIMST UNIVERSITY**

**RESEARCH MANAGEMENT CENTRE**

**CASH ADVANCE REQUISITION FORM**

**Reminder:**  
**1) This requisition should be made at least 7 days in advance.**  
**2) The receipt with exact expenses should be submitted within a month from the date the cash is deposited to your account/released to you, failing which, you request for Cash in Advance in future will not be entertained.**

**A. PARTICULARS OF STAFF REQUESTING** *(to be completed by requestor)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name/Position : |  | Signature : |  |
| Faculty/Department : |  | Date : |  |
| Funding Body:  Grant Account Number : |  | | |
|  |  | | |

**B. DETAILS OF REQUISITION** *(to be completed by requestor)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Specifications\*** | **Estimated** **Unit Price** **(RM)** | **Quantity** | **Total** **(RM)** |
|  |  |  |  |  |

**C. JUSTIFICATION:** *(to be completed by requestor)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   
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**D. RECOMMENDATION** *(to be completed by Director)*

Signature Date

Director Recommended: € YES € NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

\**In absence of any of the above individual, the above columns can be endorsed by personnel’s authorized by*

*the respective individuals above.*

**E. FINANCIAL DETAILS** *(to be completed by RDO and verified by Bursar/Finance Officer)*

(1) Grant type: (Internal / External)

(2) Funding Body/Organization:

(3) Grant Account Number:

(4) Grant Vote utilized:

|  |  |
| --- | --- |
| Total Allocation (RM) |  |
| Current total Balance (RM) |  |
| Current Vote \_\_\_\_\_\_\_\_\_\_ Balance (RM) |  |
| Total cash in advance requested (RM) |  |
| New Balance of Allocation (RM) as of  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

R&D Officer

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bursar/Finance Officer’s Signature

Date:

**F. APPROVAL** *(to be completed by Vice Chancellor* **/** *Registrar)*

€ Approved € Not Approved

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Authorised Signature Date:

(Vice-Chancellor/Registrar/Bursar)