

**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)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

 ­­­­­­­­­

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

 R&D Officer

 Date:

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

 Bursar/Finance Officer’s Signature

 Date:

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

€ Approved € Not Approved

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

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

 Authorised Signature Date:

 (Vice-Chancellor/Registrar/Bursar)