**AIMST UNIVERSITY**

**RESEARCH MANAGEMENT CENTRE**

**REIMBURSEMENT CLAIM FORM**

*.*

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

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

**B. DETAILS OF REIMBURSEMENT/CLAIM** *(to be completed by requestor)*

|  |  |  |
| --- | --- | --- |
| **No.** | **Description** | **Amount** **(RM)** |
|  |  |  |

*\*****Original receipts or documents supporting the claim have to be attached together with this form.***

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

By submitting your personal data to us, you consent to us collecting, using, disclosing and processing your personal data in accordance with our PDPA Notice. Please refer to the PDPA Notice at our AIMST University website (www.aimst.edu.my) for further details. If you agree for your personal data to be collected and processed by us please tick (✓) in the box below:

Agree Disagree

|  |
| --- |
| ………………………. |
| Name : |
| MyKad No/Passport No : |
| Date: |

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

Signature Date

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

\**In absence of the Director, the above column can be endorsed by any authorized personnel.*

**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 Claim Amount (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/Bursar)*

€ Approved € Not Approved

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

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

Authorised Signature Date:

(Vice-Chancellor/Registrar/Bursar)