

**PAYMENT APPROVAL FORM**

**DEAN,**  
Kulliyah of Science,  
International Islamic University Malaysia,  
Jalan Sultan Ahmad Shah, Bandar Indera Mahkota,  
25200 Kuantan, Pahang Darul Makmur.  
**(Attn: Head of Laboratories/ Science Officer)**

Date : \_\_\_ / \_\_\_ / \_\_\_\_

Dear Prof./Dr./Br./Sr.,

With all due respect, hereby I (\*Prof./Assoc. Prof./Dr. \_\_\_\_\_) am

\*agree/disagree to allow my \*student/staff under my supervision to produce and/or running and/or analyze their sample(s)/experiment(s) using the equipment/services at the Kulliyah of Science, IIUM Laboratory in accordance to the procedure made by the Management of KoS, IIUM.

<b>Supervisor Name</b>					
<b>Status of Applicant</b>	Teaching & Learning		Research		Consultation Services
	Final Year Project		Postgraduate		
<b>Phone No. &amp; Email</b>					
<b>Kulliyah &amp; Organization</b>					
<b>Project ID</b>					
<b>Name of Student/ Staff</b>				Phone No:	
				Email:	
<b>Details</b>	Instruments/ Services Analysis				
	No. of Sample (s)				
	Charge Per Unit & Total	RM		RM	

I also **agree/ do not agree** on the charges rate RM .....for equipment/ services and will adhere to the terms & conditions of utilizing Kulliyah of Science facilities/ services.

Thank You.

**Official Stamp**.....  
**Name :****Date :**

Methods of payment: \_\_\_\_\_

i) Cheque (payable to: **IIUM Kuantan**)ii) Cash Deposit (payable to: Bank Muamalat Malaysia Bhd, Account No.: **060-1000-2738-719**)**\* Please submit receipt / statement report for proves of payment**