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Effective Date: 1st May 2015
Workstation: OSC

الجامعة الاسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
يونيبرسيتي اسلام انتارابغسا مليسيا

OFFICE OF THE
CAMPUS DIRECTOR
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA, KUANTAN CAMPUS

Reference No.: _____

PAYMENT REQUEST

1. Pay To (FULL NAME) :
2. Amount (RM) :
3. Amount In Words :
4. Reason :
5. Vote/Budget From :
6. Advancement Taken : **Amount (RM) :**
   Date :
   Cheque No. :

Prepared By:

.....
(Signature)
Name :
Date :

Recommended By:

.....
(Officer in Charge/Head of Dept.)
Name :
Date :

Checked by:

.....
Assistant Accountant
Date :

Approved by:

.....
Head of Department/Deputy Director
Date :

FOR STUDENT UNIT, FINANCE DEPARTMENT

Date Received :
Target cheque to be ready :
Actual No. of days :
Cheque Send By : ☐ **Mailing / Date :** _____ ☐ **Hand/Date :** _____
Remarks :