



TRAVELLING ADVANCEMENT FORM

INSTRUCTION:

1. Please ensure the following **documents are attached** with the completed form.
2. All expenses must adhere to the General / Funder Guidelines for Research Funding and IIUM Financial Policy.
3. Researcher is responsible to get the approval from the relevant authority prior to travelling.

CHECKLIST:

No	Items	Check List (Please tick)
1.	Completed Form with signature	<input type="checkbox"/>
2.	Copy of approval form for Attending Seminar/ Conference / Workshop / Training / Data Collection	<input type="checkbox"/>

NOTE:

1. The travelling advancement **only cover for** food allowance and accommodation (eligibility)
2. The subsequent disbursement of the grant will be made once the researcher produces receipts (original) of the earlier disbursement in order to prove 100% utilization of the said disbursement.

FOR OFFICE USE	
Document Complete / Incomplete	Checked by:
Date:	Name:
	Position:

A REQUESTOR DETAIL																																									
Date:																																									
Name of Requestor :																																									
Staff No.:	Post and Grade:																																								
K/C/D/I :	Tel No. / Mobile No. :																																								
Project ID :																																									
B DETAIL OF TRAVELLING																																									
<table border="1"> <thead> <tr> <th>NO.</th> <th colspan="3">DETAIL OF TRAVELLING</th> </tr> </thead> <tbody> <tr> <td>1</td> <td colspan="3">Destination (✓ where applicable)</td> </tr> <tr> <td></td> <td>Nature of travelling</td> <td><input type="checkbox"/> Conference / Seminar / Workshop / Training</td> <td><input type="checkbox"/> Local</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Data Collection</td> <td><input type="checkbox"/> Overseas</td> </tr> <tr> <td></td> <td>Name of Event</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>City / Country</td> <td colspan="2"></td> </tr> <tr> <td>2</td> <td colspan="3">Date</td> </tr> <tr> <td></td> <td>Date of Event</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>Date of Departure</td> <td>Date of Arrival in Malaysia</td> <td></td> </tr> <tr> <td></td> <td>Duration of Travelling</td> <td colspan="2"></td> </tr> </tbody> </table>		NO.	DETAIL OF TRAVELLING			1	Destination (✓ where applicable)				Nature of travelling	<input type="checkbox"/> Conference / Seminar / Workshop / Training	<input type="checkbox"/> Local			<input type="checkbox"/> Data Collection	<input type="checkbox"/> Overseas		Name of Event				City / Country			2	Date				Date of Event				Date of Departure	Date of Arrival in Malaysia			Duration of Travelling		
NO.	DETAIL OF TRAVELLING																																								
1	Destination (✓ where applicable)																																								
	Nature of travelling	<input type="checkbox"/> Conference / Seminar / Workshop / Training	<input type="checkbox"/> Local																																						
		<input type="checkbox"/> Data Collection	<input type="checkbox"/> Overseas																																						
	Name of Event																																								
	City / Country																																								
2	Date																																								
	Date of Event																																								
	Date of Departure	Date of Arrival in Malaysia																																							
	Duration of Travelling																																								
C DECLARATION BY REQUESTOR																																									
<p>1. I hereby authorized the Executive Director of Finance Division to deduct from my salary if I fail to submit my claim within THIRTY (30) DAYS after the date of arrival.</p> <p>2. For overseas travelling, if the trip is not approved by the Ministry of Higher Education, I hereby authorized the Executive Director of Finance Division to deduct from the my salary with immediate effect.</p> <p>Signature : _____ Date: _____</p>																																									
D APPROVAL BY: HEAD OF RESEARCH / DEPUTY DEAN (POSTGRADUATE & RESEARCH) / DEPUTY DIRECTOR (RMC)																																									
<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>Comment: _____</p> <p>Signature: _____</p> <p>Stamp: _____ Date: _____</p>																																									

FOR FINANCE ZONE 2

ADVANCEMENT APPROVED:

Food Allowance : _____

Accommodation : _____

Total Amount: _____