



**WELFARE MANAGEMENT UNIT
STUDENT AFFAIRS AND DEVELOPMENT DIVISION
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA**

VISIT FORM

Officer's Name : _____
Staff No. : _____
Position : _____
Department/Mahallah : _____
Contact No. : _____

Name of student : _____
Matric. No : _____
IC / Passport No. : _____
Course/ Year : _____
Marital status : _____
Gender : _____
Room & Mahallah : _____
Home Address : _____
Contact No (home/handphone) : _____
Parent/guardian name : _____
Contact No (parent/guardian) : _____
Hospital/ward : _____
Date of admission : _____
Cause of injury/illness/suffering from : _____

ACKNOWLEDGEMENT OF VISIT AND RECEIVE OF IIUM CONTRIBUTION

I hereby acknowledge that the above officer had come to visit me / my son/daughter/husband/wife on _____ and has contributed hamper/money amount RM _____

NAME : _____
DATE : _____
SIGNATURE : _____

Additional remark : _____

APPROVAL FOR REIMBURSEMENT (FOR WELFARE USE ONLY)

Please prepare payment (e-payment/petty cash) amounting of RM _____ payable to _____ for reimbursement.

Verified by : _____ Approved by : _____
Date : _____ Date : _____
Official Stamp : _____ Official Stamp : _____