



## REIMBURSEMENT FORM

## Section A: To be completed by staff / Academic Trainee

Name : \_\_\_\_\_

Staff No / AT No : \_\_\_\_\_

Post / Grade : \_\_\_\_\_

Kulliyah : \_\_\_\_\_

Place of Study : \_\_\_\_\_

Program ( / ) : Master  Ph.D

Period of Study : \_\_\_\_\_

Bank Account No : \_\_\_\_\_ Bank Name : \_\_\_\_\_

**Declaration :**

I hereby certify that payment had been made for the following expenses. Attached herewith the original receipt (s) as proof of the following claim for reimbursement: (please ( / ) in the relevant box)

<u>ITEMS</u>	<u>AMOUNT</u> (please state currency)	<u>ITEMS</u>	<u>AMOUNT</u> (please state currency)
Visa <input type="checkbox"/>	_____	Medical fee <input type="checkbox"/>	_____
Passport <input type="checkbox"/>	_____	Family Health Care <input type="checkbox"/>	_____
IELTS/ TOEFL <input type="checkbox"/>	_____	Application Fee <input type="checkbox"/>	_____
Air-ticket <input type="checkbox"/>	_____		

Signature : .....

Date : .....

(Note: Claim for reimbursement will only be processed once the application for study leave / scholarship is approved by the Ministry of Higher Education / IIUM)

## Section B: To be completed by the Human Resource Academic Development Unit, Management Services Division

The staff / Academic Trainee is eligible for reimbursement of the above mentioned expenses as per receipts attached.

Amount : \_\_\_\_\_

Budget Vote : \_\_\_\_\_

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

Signature : .....

Date : .....

## Section C: Action By Kulliyah

Please reimburse the amount as stated in Section B above.