



Ref. No. :

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
K/C/D/I/O: _____

PAYMENT REQUEST

Payable to : _____
 Staff No/Matric No : _____
 Name of bank : _____ Account No: _____
 (Compulsory for non IIUM Staff and please enclosed the bank statement)
 Budget : OPERATING / TRUST / STUDENT ACTIVITY TRUST
 Cost Centre : _____
 Vote : _____
 Project Code (If Any) : _____

SUMMARY		
NO.	PAYMENT FOR	AMOUNT (RM)
TOTAL AMOUNT		

Prepared by:

Checked by:

.....
 Name:
 Tel/ Ext No.:
 Date:

.....
 Administrative Officer
 K/C/D/I/O:
 Date:

Approved by:

.....
 Dean/ Director
 K/C/D/I/O:
 Date:

Rules and Regulations:

1. All claims must be submitted together with the original documents as proof of payment and supporting documents i.e. original invoice and copy of proposal.
2. All supporting documents must be certified by Head of Department/ Administrative Officer

For Finance Use :

APPROVED
NOT APPROVED

*Remarks :

