



RATE PER HOUR (RM) : \_\_\_\_\_ TOTAL HOURS CLAIM : \_\_\_\_\_  
TOTAL CLAIM (RM) : \_\_\_\_\_

***"I, in the name of Allah, hereby declare that all information given in this form is true and correct".***

-----  
(REQUESTER SIGNATURE)  
DATE:

Recommended/ not recommended:

Approved:

\_\_\_\_\_  
Authorized Officer in Charge:  
Official Stamp:  
Date:

\_\_\_\_\_  
Dean/Director:  
Official Stamp:  
Date:

**For Finance Use :**

SOURCE OF FUND : KHAIRAT TRUST  
PROJECT ID : S-136-0001

Checked by : \_\_\_\_\_ Date : \_\_\_\_\_

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

Note: Documents to be submitted to the Welfare Management Unit STADD for claim process:

- ✓ Attendance Record for SEOC (Original)
- ✓ Copy of Offer Letter
- ✓ Copy of Bank statement/ Bank book