

**PAYMENT APPROVAL FORM**

DEAN,
Kulliyah of Science,
International Islamic University Malaysia,
Jalan Sultan Ahmad Shah, Bandar Indera Mahkota,
25200 Kuantan, Pahang Darul Makmur.
(Attn: Head of Laboratories/ Science Officer)

Date : ___/___/___

Dear Prof./Dr./Br./Sr.,

With all due respect, hereby I (*Prof./Assoc. Prof./Dr. _____) am
*agree/disagree to allow my *student/staff under my supervision to produce and/or running
and/or analyze their sample(s)/experiment(s) using the equipment/services at the Kulliyah of
Science, IIUM Laboratory in accordance to the procedure made by the Management of KoS, IIUM.

Supervisor Name					
Status of Applicant	Teaching & Learning		Research		Consultation Services
	Final Year Project		Postgraduate		
Phone No. & Email					
Kulliyah & Organization					
Project ID					
Name of Student/ Staff				Phone No:	
				Email:	
Details	Instruments/ Services Analysis				
	No. of Sample (s)				
	Charge Per Unit & Total	RM		RM	

I also **agree/ do not agree** on the charges rate RMfor equipment/ services and
will adhere to the terms & conditions of utilizing Kulliyah of Science facilities/ services.

Thank You.

Official Stamp.....
Name :**Date :**

Methods of payment: _____

i) Cheque (payable to: **IIUM Kuantan**)ii) Cash Deposit (payable to: Bank Muamalat Malaysia Bhd, Account No.: **060-1000-2738-719**)*** Please submit receipt / statement report for proves of payment**