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PAYMENT FOR WORKS BASED ON QUOTATION

| Prepared By :- | | | Approved By :- | | |
|----------------|---|-------------------------|----------------|---|---|
| Name | : | Mohd Azlan Mohd Afandi | Name | : | Asst. Prof. Dr. Rustam Khairi Zahari |
| Position | : | Deputy Finance Director | Position | : | Director Development Division |
| Date | : | 01/09/2021 | Date | : | 01/09/2021 |

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1. OBJECTIVE

This procedure is prepared to describe the process involved in the payment to the Contractor for the work based on quotation.

2. SCOPE

This procedure shall apply to all the awarded Contractors for the quotation-based work, managed by the Development Division.

3. **DEFINITION/ABBREVIATION**

Definition:

3.1 Contractor : The awarded contractor

Abbreviation:

3.2 S.O.P. : Standard of Procedures

3.3 QS : Quantity Survey

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4. REFERENCES

- 4.1 Government Policies and Circulars
- 4.2 Form of Contract
- 4.3 IIUM Manual of Financial Policies and Procedures
- 4.4 IIUM Manual of Purchasing Policies and Procedures
- 4.5 Public Works Department (P.W.D.) of Malaysia's Circular

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5. RESPONSIBILITY AND DETAILED PROCEDURE

| RESPONSIBILITY | DETAILED PROCEDURE |
|----------------|-----------------------------------|
| TEST ONSIDIEIT | DETAILED I ROCEDURE |
| | |
| | |
| | Note: Refer to the attached S.O.P |
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6. RECORDS (any documents produced in the established procedure such as forms, approval letters, log book, timetable/schedule, etc.)

| NO. | RECORDS | LOCATION | RETENTION PERIOD | RESPONSIBILITY |
|-----|--------------------------|----------------|---------------------|---|
| 1 | Payment Certificate | Filing Cabinet | 5 Years | Senior Assistant Accountant/ Accounting Assistant |
| 2 | Payment Voucher | Filing Cabinet | 5 Years | Senior Assistant Accountant/ Accounting Assistant |
| 4 | Purchasing Order | Filing Cabinet | 5 Years | Senior Assistant Accountant/ Accounting Assistant |
| 5 | Job sheet/Delivery Order | Filing Cabinet | 5 Years | Senior Assistant Accountant/ Accounting Assistant |
| 6 | Invoice | Filing Cabinet | 5 Years | Senior Assistant Accountant/ Accounting Assistant |

7. **FLOWCHART** : AS PER ATTACHED

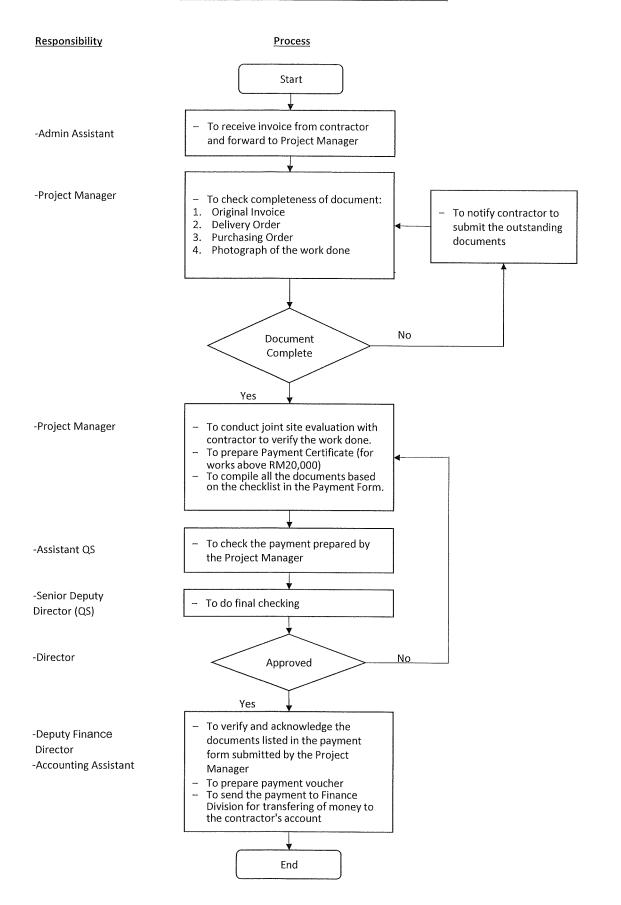
8. APPENDICES : APPENDIX 1 : PAYMENT FORM

APPENDIX 2 : EVALUATION FORM

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA DEVELOPMENT DIVISION

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S.O.P. OF PAYMENT FOR WORKS BASED ON QUOTATION



Work Station: FIN/DEV Version No: 01 Revision No: 01 Date: 01/09/2021



PAYMENT FORM

| rt A: To | be filled in by technical staff / assi | gned staff / Project Manager | | | | |
|--|--|------------------------------|-----|--|--|--|
| Project | • | , , | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| *Remarl Vendor: | s if its Interim Payment | | | | | |
| vendor. | | | | | | |
| Documen | nts required for payment (please attach a | nd tick [√] in the box) | | | | |
| NO. | ITE | EM | (√) | | | |
| 1. | Original Invoice | | | | | |
| 2. | Delivery Order / Handing Over Form | | | | | |
| 3. | Purchase Order and LoA (above 20k) | | | | | |
| 4. | Photograph of work done | | | | | |
| 5. | Evaluation of contractor's performance | | | | | |
| | a. Evaluation by technical staff (signature, stamp & date) | | | | | |
| | b. Verification by Director (signature, stamp & date) | | | | | |
| 6. | Inspection Form | | | | | |
| 7. | Certificate of Practical Completion (C.P.C.) – Above RM20k | | | | | |
| rt B: Sul | omission and Acknowledgement | | | | | |
| Submitted by technical staff Verification and Acknowledged receipt by Deputy Finance Director | | | | | | |
| - | Signature and Official Stamp | Signature and Official Stam | | | | |
| Date: | | Date: | | | | |

Work Station: FIN/DEV Version No: 01 Revision No: 01 Date: 01/09/2021



EVALUATION FORM

| Evaluation by end-user | | | | | | |
|-------------------------------|----------------|-------|-------------|---------|--------------|---------------|
| Project Tittle: | | | | | | |
| | | | | | | |
| Vendor: | | | | | | |
| Evaluation by end-user (Pleas | se circle) : - | refer | to the bel | ow tabl | e for evalua | tion criteria |
| 1) Delivery | 1 | 2 | 3 | 4 | 5 | |
| 2) Quality of Products | 1 | 2 | 3 3 3 | 4 | 5 | |
| 3) After Sales Services | 1 | 2 | 3 | 4 | 5 | |
| 4) Customer Relation | 1 | 2 | 3 | 4 | 5 | |
| Comments (if any): | | | | | | |
| | | | | | | |
| | Diana atoma | | | | | |
| , | Signature | | | | | |
| Name : | | | | | | |
| K/C/D/I/O : | | | | | | |
| Official Stamp : | | | | | | |
| Date : | | | | | | |
| valuation Criteria: | | | | | | |
| Points Delivery | Quality of | | After Sale | \c | Customor | Polation |

| Points | Delivery | Quality of Products | After Sales Services | Customer Relation |
|--------|---|------------------------|-------------------------|--|
| 1 | Unacceptable | Unacceptable | No response | Unprofessional |
| 2 | Late more than a week w/o concrete reason | Not satisfactory | No immediate response | Ignorance |
| 3 | Few days after delivery period | Acceptable | Response after few days | Courteous |
| 4 | On time | Satisfactory | Immediate response | Have a desire to serve |
| 5 | Ahead of schedule | Superior | Proactive response | Very professional, informative and courteous |