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|  INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA | VERSION/ISSUE NO. : 03 |
| | REVISION NO. : 00 |
| PAYMENT PROCESS | EFFECTIVE DATE : 01/09/2021 |
| DOCUMENT NO. : IIUM/DEV/PAYM/03 | PAGE : 1 of 5 |

PAYMENT FOR CONSULTANTS

| 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 for the Consultant.

2. SCOPE

This procedure shall apply to all appointed Consultants of the IIUM development projects, managed by the Development Division.

3. DEFINITION/ABBREVIATION

Definition :

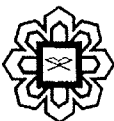
3.1 Consultant : The appointed consultant

Abbreviation :

3.2 S.O.P. : Standard of Procedures


3.3 QS : Quantity Survey

3.4 MOA : Memorandum of Agreement

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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 |
|-----------------------|---|
| | <p>Note : Refer to the attached S.O.P</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 |

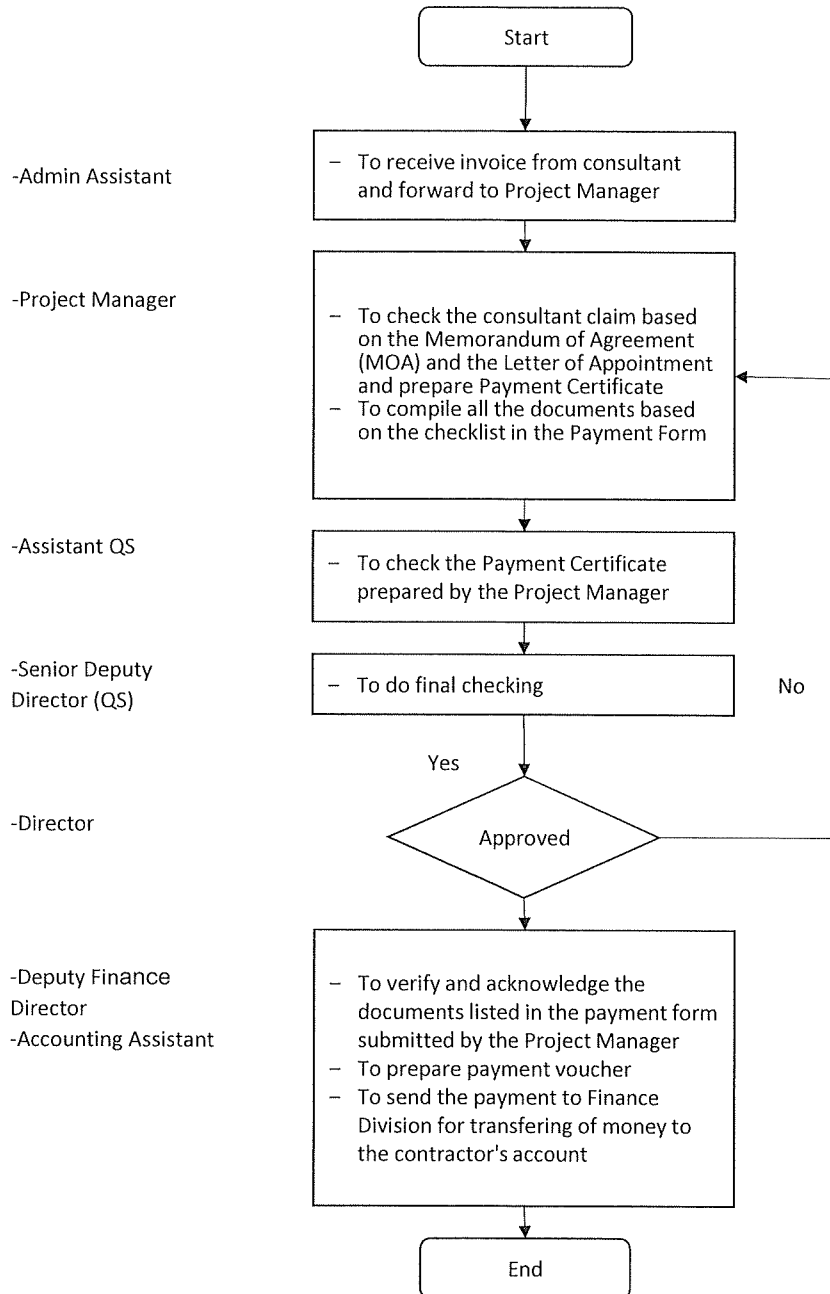
7. **FLOWCHART** : AS PER ATTACHED

8. **APPENDICES** : APPENDIX 1 : PAYMENT FORM
APPENDIX 2 : EVALUATION FORM

S.O.P. OF PAYMENT FOR CONSULTANT

Responsibility

Process





PAYMENT FORM

Part A: To be filled in by technical staff / assigned staff / Project Manager

| |
|---------------------------------|
| Project Title: |
| |
| *Remarks if its Interim Payment |
| Vendor: |

Documents required for payment (please attach and tick [√] in the box)

| NO. | ITEM | (√) |
|-----|--|-----|
| 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 | |

Part B: Submission and Acknowledgement

| | |
|---|---|
| <p>Submitted by technical staff</p> <p>_____ Signature and Official Stamp</p> <p>Date:</p> | <p>Verification and Acknowledged receipt by Deputy Finance Director</p> <p>_____ Signature and Official Stamp</p> <p>Date:</p> |
|---|---|

* A copy of the form to be kept in the Project File



EVALUATION FORM

Evaluation by end-user

Project Title:

Vendor:

Evaluation by end-user (Please circle) : – refer to the below table for evaluation criteria

| | | | | | |
|-------------------------|---|---|---|---|---|
| 1) Delivery | 1 | 2 | 3 | 4 | 5 |
| 2) Quality of Products | 1 | 2 | 3 | 4 | 5 |
| 3) After Sales Services | 1 | 2 | 3 | 4 | 5 |
| 4) Customer Relation | 1 | 2 | 3 | 4 | 5 |

Comments (if any) : _____

Signature

Name :
K/C/D//O :
Official Stamp :
Date :

Evaluation Criteria:

| 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 |