

**FINANCIAL REPORT FOR STUDENT PROGRAM**

 **K/C/D/I/O/M**  : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program :

Organizer :

Date :

1. Total Income (RM) : RM
2. Total Expenditure (RM) : RM

Surplus/ (Deficit) (RM) (A-B) :

|  |  |  |
| --- | --- | --- |
| **Prepared by:** | **Verified by:** | **Approved by:** |
|  |  |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **(Officer In-Charge/** **Program Manager)** | **(Officer In-Charge)** | **(Dean/Director)** |
| **Name:** | Name: | Name: |
| **Date:** | Date: | Date: |

**Notes:**

**Please attach the following documents:**

1. **Approval Letter**
2. **Financial statement consists of income and expenditure (please fill in as per attach)**
3. **Compilation of all official receipts on the A4 paper according to category as reported above**
4. **All receipts must be certified by the Authorized Administrative Officer**
5. **The validity of claim is within 3 months from the date of event/ program. Late submission will not be entertained**

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| ***For Finance Use:***APPROVED NOT APPROVED \*Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FINANCIAL STATEMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NO** | **PARTICULAR** | **APPROVED BUDGET****(RM)****(a)** | **ACTUAL****(RM)****(b)** | **VARIANCE****(RM)****(a – b)** | **APPENDIX** |
| **A** | **INCOME** |  |  |  |   |
|  1 |  APPROVED BUDGET BY K/C/D/I/O/M |  |  |  |   |
|  |  |  |  |  |   |
|   |  |  |  |  |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|   |  **(A) TOTAL INCOME** |  |  |  |   |
|  |  |  |  |  |  |
| **B** | **EXPENDITURE** |  |  |  |   |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  | **(B) TOTAL EXPENDITURE** |  |  |  |  |
|  |  |  |  |  |  |
|  |  **SURPLUS/ (DEFICIT) (A-B)**  |  |  |  |  |

**IMPORTANT**:

* + - 1. Total expenditure should not exceed the approved budget in the proposal.
			2. For any variance please provide justification.

|  |  |  |
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| Prepared by: |  | Certified by: |
|  ----------------------------------------------------- |   | ----------------------------------------------------- |
|  (Officer In-Charge/ Programme Manager) |  |  (Authorized Administrative Officer) |
| Name:  |   |  Name:  |
|  Date:  |  |  Date:  |