



PAYMENT APPROVAL FORM

K/C/D/I/O : _____

Payable to : _____

Staff No/Matric No : _____

Name of bank : _____ Account No : _____

(For **non IIUM Staff** please enclose a copy of bank statement)

Budget : OPERATING TRUST OPERATING TRUST

STUDENT ACTIVITY TRUST

Account Code : _____

Project Code (if any) : _____

NO	PAYMENT FOR	AMOUNT (RM)
1.		
TOTAL AMOUNT		

Requested by:

Checked by:

Official Stamp : _____

Administrative Officer _____

Ext. No : _____

Official Stamp :

Date : _____

Date :

Approved by:

Dean/Director

Official Stamp :

Date :

1. All claims and reimbursement must be submitted within 3 month from the date of invoice/receipt
2. The supporting documents must be certified by authorized officer.