

IIUM ENTREPRENEURSHIP & CONSULTANCIES SDN. BHD.

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MEDICAL CLAIM

Applicant : _____

Date : _____

The detail medical claims are as table below:

NO	ITEMS	AMOUNT (RM)
1		
2		
3		
4		
5		
	TOTAL	

Note : Please attach the original receipts

I affirm that above claims are true

I certify that the staff claim(s) are correct

Requestees Signature

Name :

Post :

Authorized Personnel

Name :

Post :