

**IIUM ENTREPRENEURSHIP & CONSULTANCIES SDN. BHD.**

Level 3, Research Centre Building  
International Islamic University Malaysia  
53100 Kuala Lumpur  
Tel : 03-6196 5434 Fax : 03-6196 5439

**REIMBURSABLE CLAIM**

**Project :** \_\_\_\_\_

\_\_\_\_\_

**Applicant :** \_\_\_\_\_

**Date :** \_\_\_\_\_

The detail reimbursable claims are as table below:

<b>NO</b>	<b>ITEMS</b>	<b>AMOUNT (RM)</b>
1	Traveling - Mileage	
	Traveling - Flight	
2	Accommodation / Lodging	
3	Food Allowance	
4	Daily Allowance / Per Diem	
5	Others (.....)	
	<b>TOTAL</b>	

*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 :