IIUM ENTREPRENEURSHIP & CONSULTANCIES SDN. BHD. (563743-P)

TRAVEL & MILEAGE CLAIM FORM

PROJECT :

NAME:	**POSITION:**	**STAFF CODE:**

DESTINATION &JOB	**ESTIMATED TIME**			**DISTANCE**	**ALLOWANCE**			**RECEIPTS**
DESCRIPTION (DATE)	From:	To	T.Time	in KM	Lodging	Toll/Park	Food	(attached)
TOTAL CLAIM PER COLUMN								
GRAND TOTAL								
DEDUCT ADVANCE								
TOTAL CLAIM PAYABLE								

TYPE OF TRANSPORT: TRANSPORT REG. NO.: C.C:

CLASS:	A	B	C	D	E	
KILOMETERS	CENTS PER KILOMETER					TOTAL CLAIM
FIRST 500	70	60	50	45	40	
501 to 1,000	65	55	45	40	35	
1,001 to 1,700	55	50	40	35	30	
For Every KM After 1,701	50	45	35	30	25	

I affirm that above claims are true

I certify that the staff claim(s) are correct

Requestee s Signature
Name:
Date:

Authorized Personnel
Name:
Post: Date:

FOR OFFICE USE ONLY

ACCOUNT CODE
REMARKS:

ADVANCE TAKEN:
DATE OF ADVANCE:

INVOICE NO:
TOTAL (RM):
CHECKED BY: