



**UNIVERSITI KUALA LUMPUR  
BRITISH MALAYSIAN INSTITUTE**



Managed by Universiti Teknikal MARA Sdn. Bhd,  
(570132-T)

**BAUCER WANG RUNCIT**

<b>Bayar Kepada :</b>		Put student's name (student id) and account number here. eg: ZAINAB BT MOHAMAD SHAH (51110209074) CIMB 12-2300-7836-4524		<b>No. Baucar</b>	
<b>Kerana Bayaran :</b>		FYP Degree Sem 2 Claim		<b>Tarikh</b>	
<b>Kenaan Kod Akaun</b>			<b>Amaun</b>		
			<b>RM</b>		<b>Sen</b>
<b>Jumlah Bayaran</b>					

**UNTUK KEGUNAAN PEJABAT BAYARAN**

	<b>Disediakan</b>	<b>Disemak</b>	<b>Diluluskan</b>
<b>Tandatangan:</b>			
<b>Nama :</b>			
<b>Tarikh :</b>			

**Perakuan Penerimaan Bayaran**

Saya mengaku menerima bayaran seperti yang tersebut di atas.

**Tandatangan :**

**Nama :**

**Tarikh :**



**EXPENSE / ADVANCE CLAIM FORM**

Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Dept./Faculty: \_\_\_\_\_

to be filled by FYP Supervisor.

DATE	PARTICULARS <small>(Please attach original receipts)</small>	AMOUNT RM
	for the purchase of FYP materials. see attached for details. (if the lines here is not enough, pls include one page listing all date, receipt number, brief particulars and amount. Put Total at the end. Attach receipts according to the list in order)	
Total		
Less Advance Taken (If any)		
*Net Claim / Re. and		

FOR ADVANCE REQUISITION ONLY	
DATE	PARTICULARS <small>(Please attach copy of Purchase Requisition)</small>
Total Advance Required	

BUDGET ALLOCATION (For non-FR item e.g. medical)						
Account Code	Description	Budgeted Amount <small>(RM)</small>	Committed to Date <small>(RM)</small>	Amount Required <small>(RM)</small>	Budget Balance <small>(RM)</small>	Remarks

Claimant / Applicant: \_\_\_\_\_ Verified / Recommended by: \_\_\_\_\_ Approved by: \_\_\_\_\_

Name: \_\_\_\_\_ to be signed by FYP supervisor      Name: \_\_\_\_\_ to be signed by student's HOS      Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_      Designation: \_\_\_\_\_      Designation: \_\_\_\_\_  
 Date: \_\_\_\_\_      Date: \_\_\_\_\_      Date: \_\_\_\_\_

FOR FINANCE USE <small>(Advance Requisition Only)</small>	FOR HRD USE <small>(Medical / Maternity Only)</small>	RECEIVED BY:
Approved by:  Name: Designation: Date:	Approved by:  Name: Designation: Date:	Name: Designation: Date: