



UiTM TECHNOVENTURE

ADVANCE APPLICATION

UNLOCKING TALENT
DELIVERING RESULTS

UiTM TECHNOVENTURE SDN. BHD. Registration No. 201101020378 (948513-M)

Project no. : UTVSB/CS/P. _____
Doc Date : _____

For UTV use only (Receive date)

UiTM Technoventure Sdn. Bhd. (948513-M)
Ground Floor, UiTM-MTDC Technopreneur Centre
Universiti Teknologi MARA (UiTM)
40450 Shah Alam

(Please complete the information below)

PROJECT TITLE: _____

NAME OF PROJECT LEADER : _____

APPLICANT'S NAME: _____

STAFF ID : _____ **EMAIL ADDRESS:** _____ **IC/PASSPORT NO:** _____

BANK NAME : _____ **ACCOUNT NO :** _____

ADVANCE AMOUNT (RM) : _____ **PROJECT START - END DATE :** _____

ADVANCE PURPOSE : _____

If involve travelling, please also fill up the following information;

DESTINATION: _____

DEPARTURE DATE: _____ **ARRIVAL DATE:** _____

TRAVELLING PURPOSE: _____

***Please submit to UTV the relevant documents:**

Overseas Approval from UiTM Vice Chancellor's Office (if applicable).
Copy of IC and front page of bank statement for 1st time application.

NO	ITEMS	QUANTITY	ESTIMATED PRICE (RM)	APPROVED BY UTVSB (RM)
TOTAL (RM)				

UiTM TECHNOVENTURE SDN. BHD. (948513-M)
Ground Floor, UiTM-MTDC Technopreneur Centre, Universiti Teknologi MARA (UiTM), 40450 Shah Alam, Selangor, Malaysia.

Form No: UTV/OPR/F-06/001
REV: 001





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*For purchase RM10,000 and above in a single receipt, please follow the project procurement procedure.

* No meal allowance is given. Consultant must submit the F&B receipts for meal expenses during reconciliation.

Consultant declaration :

I hereby declare that;

1. The advance made on the related dates are for the project expenditure.
2. I will do the reconciliation as soon as possible after receiving the advance.
3. I understand that UTV has the authority to not granted the amount requested if it is not a reasonable expenditure to UTV view.
4. The information given is true and correct.

CONSULTANT (*compulsory to sign part A & B)		For UTV use only	
A. Prepared by:	B. Project Leader Endorsement:	Checked by:	Verified by:
NAME:	NAME:		
STAFF ID:	STAFF ID:		
TEL:	TEL:	DATE:	DATE:

* Please submit complete documentation to avoid payment delay.

* You may email us at consultancy@uitmtechnoventure.com.my.

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