RECONCILIATION/CLAIM APPLICATION

UiTM TECHNOVENTURE

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 tick and complete the information below)

☐ Reconciliation (for those who has received advance) ☐ Claim/Reimbursable

PROJECT TITLE: _____

_____

NAME PROJECT LEADER : _____

APPLICANT'S NAME (TO PAY TO): _____

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

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

ADVANCE RECEIVED (RM) : _____ **ADVANCE RECEIVED DATE** : _____

EXPENDITURE PURPOSE : _____

* Please submit to UTV the relevant documents and receipts and copy of IC and 1st page of bank statement (for 1st time application).
* For purchase RM10,000 and above in a single receipt, please follow the project procurement procedure to issue Purchase Order (PO).
* Compulsory to fill up all information and justification at each receipts to avoid payment delay.
* Please complete your reconciliation as soon as possible after received your advance.

RECEIPT CATEGORY	A. TOTAL (RM)	B. REASON/JUSTIFICATION FOR PURCHASE
Meal / Daily Allowance		Justification: *(Please attach Mileage/Meal/Daily Allowance Appendix -3)*
Mileage		Justification: *(Please attach Mileage/Meal/Daily Allowance Appendix-3)*
Tolls / Parking / P.transport		Justification:
Hotels		Justification:
Printing		Justification:
Rental		Justification:
Project Materials & Equipments		Justification:
Token/wages paid		Justification: *(Please attach the Token & Wages Proof of Payment Appendix-4)*
Others		Justification:
TOTAL		

Consultant declaration :

I hereby declare that;

1. I understand that UTV has the authority to not granted the amont requested if it is not a reasonable expenditure to UTV view.
2. 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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