



STAFF CLAIM'S FORM

NAME :

DATE :

DEPARTMENT :

REF/(Vote) No.....

TRAVELLING	AMOUNT (RM)
PETROL	
MILEAGE (x 0.60/KM)	
TRANSPORTATION (Taxi/ LRT/ Toll Receipt)	
FLIGHT TICKET	
ACCOMMODATION	
OTHERS :	
SUB-TOTAL	

ENTERTAINMENT	AMOUNT (RM)
MEAL ALLOWANCES :	
	Date
Breakfast	(days x RM10)
Lunch	(days x RM20)
Dinner	(days x RM30)
TELEPHONE	
OTHERS :	
SUB-TOTAL	

OTHERS	AMOUNT (RM)
GRAND TOTAL :	

*** PLEASE ATTACH THE ORIGINAL RECEIPT FOR ALL TYPES OF EXPENSES CLAIMED ABOVE***

SUBMITTED BY :

CHECKED BY :

APPROVED BY :

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