RESEARCH STUDENT ASSISTANT CLAIM FORM

Student Name: **Contact No:**

Student ID No: **School / Dept:**

Student I/C No: **Email:**

Student's Bank Account No: **Bank Name:**

PI's Grant Number:

Date		Description	Rate/Month (RM)	Total (RM)
From	To			
			TOTAL	

Submitted by (student):	Approved by Principal Investigator	Checked by (RMC):
_____	_____	_____
Name: Date :	Name: Date :	Name: Date :

Finance Office Only:	
Date & Time Received	Total Amount:
Approved by (Finance Office): Name: Date: Position:	