|  |  |  |  |
| --- | --- | --- | --- |
| APPLICANT DETAILS | | | |
| Name |  | Employee No.  (if any) |  |
| Designation/Grade |  | Department/Unit |  |
| Project Code & Title |  |  |  |
| Comment (if any) |  | | |
| Payable Name |  | | |
| Bank Account Name  (CIMB/MBB/BIMB/etc.) |  | Bank Account No. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PAYMENT CLAIM DETAILS | | | |
| No. | Item | Description | Amount (RM) |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| TOTAL | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Prepared by  (Applicant)  Date | : ......................................  : ...................................... | Confirmed by  (Head of project)  Date  Official stamping | : ......................................  : ......................................  : ...................................... |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Checked by |  | Payment verified by |  | Approved by |
| ....................................................  Project Manager  Date: |  | ....................................................  Finance  Date: |  | ....................................................  Director  Date: |

Note: Please be informed that all payment claims will be processed by finance **every 1st and 15th day of the month**.