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

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| PROJECT DETAILS |
| Project Code |  | Project Duration |  |
| Project Description |  |
| Project Manager |  |

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| --- |
| ALLOWANCE CLAIM DETAILS |
| Date | Time | Total | Work Details |
| From | To | Hour | Minutes |  |
| DD-MMM-YYYY | XX:XX | XX:XX | X | XX | Enter work details and/or refer attachment if applicable |
| DD-MMM-YYYY | XX:XX | XX:XX | X | XX | Enter work details and/or refer attachment if applicable |
| DD-MMM-YYYY | XX:XX | XX:XX | X | XX | Enter work details and/or refer attachment if applicable |
| DD-MMM-YYYY | XX:XX | XX:XX | X | XX | Enter work details and/or refer attachment if applicable |
| Total Hours | XX.XX |  |
| Rate / Hour | XX.XX |
| Total Amount (RM) | XXX.XX |
| Prepared by(Applicant)Date  | : ......................................: ...................................... | Confirmed by (Head of project) Date Official stamping  | : ......................................: ......................................: ...................................... |

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| --- | --- | --- | --- | --- |
| Checked by  |  | Payment verified by |  | Approved by |
| ....................................................Project Manager Date:  |  | ....................................................FinanceDate:  |  | ....................................................DirectorDate:  |

Note: Allowance Claim Form with **monthly report** must be submitted for approval on 25th day of the month for work done in the preceding month with report.