*\*Please fill up in the space given in brackets []*

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| **PROJECT ETHICS COMMITTEE APPROVAL CODE**: Type here  |
| **PROJECT TITLE**: Type here |
| **NO** | **DESCRIPTION** | **AMOUNT (MYR)** |
| **1** |  Type here |  Amount here |
| **2** |  Type here |  Amount here |
| **3** |  Type here |  Amount here |
| **4** |  Type here |  Amount here |
| **5** |  Type here |  Amount here |
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| **9** |  Type here |  Amount here |
| **10** |  Type here |  Amount here |
| **11** |  Type here |  Amount here |
| **12** |  Type here |  Amount here |
| **13** |  Type here |  Amount here |
| **14** |  Type here |  Amount here |
|  | **TOTAL EXPENDITURE** |  Amount here |
|  | **PREVIOUS CLAIM 1****DATE:** |  Amount here |
|  | **PREVIOUS CLAIM 2****DATE:** |  Amount here |
|  | **PREVIOUS CLAIM 3****DATE:** |  Amount here |
|  | **BALANCE OF GRANT** |  Amount here |

**NAME** : Type here

**DATE** : Type here

**EMAIL ADDRESS** : Type here

**SIGNATURE** : Sign here

**PLEASE PASTE THE RECEIPT BELOW**

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|  Paste Here |

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|  | **AKADEMI KEDOKTORAN KELUARGA MALAYSIA**ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA |
| Unit 1-5, Level 1 Enterprise 3B Technology Park Malaysia (TPM)Jalan Innovasi 1 Lebuhraya Puchong-Sungai Besi Bukit Jalil, 57000 Kuala LumpurTel; 03-8993 9176/9177, Fax: 03-8993 9187Website: www.afpm.org.my Email: afpm@po.jaring.asia / accounts@afpm.org.my |
|  **CLAIMS FORM** |
| **Name:** |  Name Here |
| **Address:** |  Address Here |
| **Phone No:** |  Phone here |
| **Event:** |  Event here | **E-mail**: |  Email here |
| **Date of Event:** |  Date of event | **Venue**: |  Venue here |
|  |
| **TYPE OF CLAIM** |
|   | **Tick** | **Particulars** | **RM** |
| Others: |   | Research project expenditure (details as attached)  Grant approval code:  |  Type here |
|   | **TOTAL:** | Total here |
| **(Kindly attached original supporting document for the above claims)** I confirm that the above expenses were incurred by me. |
| Signature: Sign here  | Date: Date here  |
| Kindly credited the payment to my Account No: Type Account No here Bank: Bank Name here  |
| **FOR OFFICE USE ONLY** |
| Verified by Head of Committee/Course Director: Type here  | Date: |  Date here |
| Approved by Honorary Treasurer: Type here  | Date: |  Date here |
| Processed by Office: Type here  | Date: |  Date here |
| **NOTE:**1. **All claims submitted must be verified by Head of Committee/Course Director.**
2. **All claims MUST be submitted within 2 (two) months from the date of event and no claims will be entertained beyond the stated time frame.**
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