*\*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 |
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|  | **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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|  | **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 Lumpur  Tel; 03-8993 9176/9177, Fax: 03-8993 9187  Website: www.afpm.org.my Email: afpm@po.jaring.asia / [accounts@afpm.org.my](mailto: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.** | | | | | |