



EXTERNAL EXAMINER'S CLAIM FORM

Traveling

Examiner's Fee

Examiner's detail:

Name : Phone No. :

Programme : Master of Education Email :

Bank Details : Account No. :

Student's detail:

Name : Matric No. :

Programme : Master of Education

Centre : GOMBAK/ K. KINABALU/ K. BAHRU/ K. TERENGGANU/ SG. PETANI/ KUANTAN

FOR OFFICE USE ONLY:

AMOUNT TO BE PAID:		
FEE		RM 500.00
TRAVELING/MILEAGE	RM x km	
ACCOMMODATION	RM x night	
TOTAL	RM	

**the above payment is exclusive of mileage claims*

Requester's:

Recommended by:

(Signature & stamp)

Name:

Date:

(Signature & stamp)

Name :

Date :

Verified by:

Approved by:

(Signature & stamp)

Name:

Date:

(Signature & stamp)

General Manager

Date:

Note: The payment will be prepared within 14 working days upon submission of completed supporting document from lecturer. Kindly note that incomplete document will not be processed.