**AIMST UNIVERSITY**

**RESEARCH MANAGEMENT CENTRE**

**PUBLICATION FEE REQUISITION FORM**

**Instructions:**

1. *Fill and attach this form along with proof of acceptance of the research article and tax invoice/billing from the publishers.*

**A. PARTICULARS OF STAFF REQUESTING** *(to be completed by requestor)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name/Position : |  | Signature : |  |
| Faculty/Department : |  | Date : |  |
| Funding Body :  Grant Account Number : |  | | |
|  |  | | |

**B. PUBLICATION DETAILS**

Publishers name :

Journal name :

SCOPUS Indexed: Yes / No

ISI/WOS Indexed: Yes / No

Research Article title:

Publication Fee Amount:

**C. JUSTIFICATION/REMARKS (***to be completed by requestor***): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   
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By submitting your personal data to us, you consent to us collecting, using, disclosing and processing your personal data in accordance with our PDPA Notice. Please refer to the PDPA Notice at our AIMST University website (www.aimst.edu.my) for further details. If you agree for your personal data to be collected and processed by us please tick (✓) in the box below:

Agree Disagree

|  |
| --- |
| ………………………. |
| Name : |
| MyKad No/Passport No : |
| Date: |

**D. RECOMMENDATION**

Signature Date

DIRECTOR Recommended: € YES € NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

\**In absence of the Director, the above column can be endorsed by any authorized personnel.*

**E. FINANCIAL DETAILS** *(to be completed by RDO and verified by Bursar/Finance Officer)*

(1) Grant type: (Internal / External)

(2) Funding Body/Organization:

(3) Grant Account Number:

(4) Grant Vote utilized:

|  |  |
| --- | --- |
| Total Allocation (RM) |  |
| Current total Balance (RM) |  |
| Current Vote \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Balance (RM) |  |
| Total budget requested (RM) |  |
| New Balance of Allocation (RM) as of  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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R&D Officer

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bursar/Finance Officer’s Signature

Date:

**F. APPROVAL** *(to be completed by Vice-Chancellor/Registrar/Bursar)*

€ Approved € Not Approved

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Authorised Signature Date:

(Vice-Chancellor/Registrar/Bursar)