**AIMST UNIVERSITY**

**RESEARCH MANAGEMENT CENTRE**

**TRAVEL BUDGET REQUISITION FORM**

**Instructions:**

1. *Fill and attach this form along with CONFERENCE/SEMINAR/COURSE/WORKSHOP LEAVE APPLICATION Form (Form AIMST/HR/LEAVE/003)*

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

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

**B. SUMMARY OF BUDGET** *(Approximate amount to be specified according to RMC guidelines*  
1. Air Fares : \_\_\_\_\_\_\_\_\_\_\_\_  
2. Food Allowance : \_\_\_\_\_\_\_\_\_\_\_\_\_  
3. Hotel Lodging : \_\_\_\_\_\_\_\_\_\_\_\_\_  
4. Public Transport : \_\_\_\_\_\_\_\_\_\_\_\_\_  
 (i) Taxi Fares : \_\_\_\_\_\_\_\_\_\_\_\_\_  
 (ii) Bus Fares : \_\_\_\_\_\_\_\_\_\_\_\_\_  
 (iii) Toll Charges: \_\_\_\_\_\_\_\_\_\_\_\_\_  
 (iv) Others : \_\_\_\_\_\_\_\_\_\_\_\_\_  
5. Mileage Claims : \_\_\_\_\_\_\_\_\_\_\_\_\_ **Total:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Conference/Workshop/Training/Seminar Fee:

7. Others (Please specify):

**Total:**

**GRAND TOTAL : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**C. JUSTIFICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Kindly ensure the actual amount spent during the Conference/Workshop/Seminar/Travel does not exceed the requested budget. If it exceeds kindly include necessary justification for the additional cost. However, be reminded that the approval for the reimbursement of additional cost is at the discretion of the Vice Chancellor/Registrar*

***\*\*\*FAD will only pay for the Conference/Workshop/Seminar registration fees prior to the event.***

***\*\*\*All other relevant expenditures must be claimed upon return with valid receipts.***

**D. RECOMMENDATION** *(to be completed by Director RMC)*

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. Verification by HUMAN RESOURCE DIVISION (HRD)**

Remarks:

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

Authorised Signature Date:

(HRD MANAGER/OFFICER)

**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)