

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA KULLIYYAH OF DENTISTRY

Name Of Bank : _

Month

			Year	1		Account No	i	
No :		 -	Post	:				
DATE	PARTICULAR	NORMAL DAY		SATURDAY		SUNDAY		TOTAL CLAIM
DATE		From	То	From	To	From	То	TOTAL CLAIM
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	7-11							
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						Т	OTAL HOURS	
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RAND TOTAL	HOURS CLAIMED :	าหอ						
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i ne	ereby declare the claim is true:					Thereby a	ipproved trie aud	we dain.
a 	(Signature of Applicant)	_			-	(Signa	ture & Official S	Stamp)
	(a.Suarara at Abbugant)			Deputy Director / Clinical Coordinator				