Please fill up and complete the followings information:

Project Name *(For Project Registered with UHSB only):*	
Faculty/ Department:	

Purpose of Payment:		Amount (RM)
	Total:	

Bank Name:		Bank Branch:	
Bank Account No.:		**Bank Country:**	
Bank Address:			
Swift Code / IBAN No.: Applicable for international payment only			

FOR E-INVOICE PURPOSE			
Recipient Name / Company Name:		Tax Identification No. (TIN):	
NRIC /Passport No/ Company No:		Nationality:	
Contact No:		Email Address:	

Requested by: _____ Name: Chop: Date:	Verified by: _____ **(Project Leader / Dean)** Name: Chop: Date:

For Office Use Only		
Verified by (Account Department) *For Project Balance only*	**Endorsed by (Project Department/Admin Department/Facilities Department)**	**Approved by CEO**
Name: Chop: Date:	Name: Chop: Date:	Name: Chop: Date: