

UH-FM-ACC-04

15.05.2025

1 of 1

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Please fill up and complete the followings information:

Project Name:				
Faculty/ Department:				
Purpose of Advancement:			Amount Requested (RM):	
Recipient Name :	NRIC	NRIC /Passport No:		
Telephone No:		Email (payment notification):		
Bank Name:	Bank	Bank Branch:		
Bank Account No.:				
Bank Address:				•
Bank Country:				

Note:

- 1. Advancement shall be reconciled within 1 month from the requested date.
- 2. 2nd advancement will NOT BE APPROVED until the previous advancement has been reconcile.
- 3. Kindly attached a copy of the bank book or front page of the bank statement for confirmation of the account number.
- 4. Submit advancement form to UHSB at least 7 working days in advance.

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

For Office Use Only					
Checked by (Account Department)	Verified by (Project Department)				
Name:	Name:				
Chop:	Chop:				
Date:	Date:				

Approved by CEO				
Name:				
Chop: Date:				
Date:				