



UTS

UNIVERSITY OF TECHNOLOGY SARAWAK

CONFERENCE APPLICATION FORM (RESEARCH GRANT)

A. PERSONAL INFORMATION	
Name :	Staff ID/Student ID :
IC No. :	Designation :
Citizenship :	<input type="checkbox"/> Professor <input type="checkbox"/> Lecturer
School/Department :	<input type="checkbox"/> Associate Professor <input type="checkbox"/> Assistant Lecturer
Mobile Phone No. :	<input type="checkbox"/> Senior Lecturer <input type="checkbox"/> Graduate Assistant
Email :	Appointment Status :
Appointment Date :	<input type="checkbox"/> Permanent <input type="checkbox"/> Contract
Please tick (/) where applicable	
Full Time Study: <input type="checkbox"/>	Currently Not on Further Study : <input type="checkbox"/>
Part Time Study: <input type="checkbox"/>	
University : _____	
B. DETAILS OF THE CONFERENCE	
Title of Conference:	Start Date: _____ End Date: _____
	Duration (No. of days): _____
	Venue: _____
	Organizer: _____
Title of Paper: i. _____	
ii. _____	
Do you expect this conference paper will lead to a publication? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Research ID: UTS/RESEARCH/ _____	
Project Title: _____	
Do you receive any financial assistance from external sources?	
Yes <input type="checkbox"/> (Please state details and enclose relevant document)	Amount (RM): _____
No <input type="checkbox"/>	Organizer: _____

Verification by Project Leader (only applicable if the applicant is the co-researcher) Applicable Not Applicable

Comment: _____

Declaration

I acknowledge and agree that the paper presented is related to my research grant and all expenses under this conference will be covered by my research grant.

Signature : _____

Name:

Date:

C. RESEARCH GRANT BUDGET

Please provide a projected budget plan for the proposed conference. (Refer Terms & Conditions of Service or the organizer's package whichever lower)

VOT	ITEMIZED COST	AMOUNT (RM)
VOT 21000 (60902)	Return flight tickets (<i>cheapest & direct route</i>)	
	Accommodation (_____ / night x _____ (no. of) nights)	
	Lodging (_____ / night x _____ (no. of) nights)	
	Subsistence (_____ / day x _____ (no. of) days * Only eligible for UTS staff	
	Local travelling (e.g. Transportation; Grab/Taxi receipt)	
VOT 29000 (60906)	Registration Fee	
	Date of Early Bird (if applicable) *Please specify date if you need early bird booking/early payment for discount	
Estimated Cost (RM)		

Please take note that approved total budget shall not exceed the grant limit. The applicant is required to cover the additional cost on their own if he/she decides to proceed with the conference.

D. DECLARATION BY THE APPLICANT

I hereby certify that the information given in this form is true and correct. I agree to the Terms & Conditions and the Research Policy set by the University. I understand that falsification of the information will prevent me from attending the conference and reimburse any expenses related to the conference.

Signature of the Applicant : _____

Name:

Date:

CHECKLIST : Supporting document to be attached

- A copy of the brochure/details of the conference
- Evidence of Paper Acceptance
- Abstract of the Paper
- INVOICE (to request payment by Finance Department)

Note:

1. The applicant must be the first/corresponding author and acknowledge University of Technology Sarawak (UTS) in the paper.
2. The application must be submitted to Centre for Research and Development at least ONE(1) month before the conference date.
3. Once the conference application is being approved, the applicant has to prepare the Travelling Requisition Form before attending the conference. It will be RECOMMENDED by Head of Programme/Dean and APPROVED by Director, Centre for Research and Development.
4. For reimbursement purpose, the original copy of Conference Application Form and Travelling Requisition Form MUST be attached together with the Staff Reimbursement Form/Graduate Assistant Claim Form.
5. Staff who had attended the conference without submitting the application form beforehand is not eligible to request for reimbursement.

E. RECOMMENDATIONS BY HEAD OF PROGRAMME/COORDINATOR

1. Relevance of conference to the application's field of specialization/job:

2. Will the applicant's attendance to the conference affected his/her work in the School/Department?

Supported Signature :

Not Supported Name :

Date :

F. APPROVAL BY DEAN OF SCHOOLComments:

Approved Signature :

Not Approved Name :

Date :

G. BUDGET VERIFICATION BY CENTRE FOR RESEARCH AND DEVELOPMENT

Code	Description	Budgeted Amount (RM)	As At (Date)	Amount Required (RM)	Balance (RM)
VOT 21000	Travelling Expenses				
VOT 29000	Registration Fee				
TOTAL (RM)					

Note: Approval will be based on the availability of budget. It will be based on UTS Terms and Conditions of Service and the policy by Finance Department.

Remarks:

Verified by : _____

Name : _____

Designation: _____

Date : _____

Verification by Human Capital Department (if the research grant is insufficient and the conference is also being covered by Human Capital Department)

Finance Code	Description	Budgeted Amount (RM)	As At (Date)	Amount Required (RM)	Balance (RM)
	Travelling Expenses				
	Registration Fee				
TOTAL (RM)					

Note: Approval will be based on the availability of budget.

Remarks:

Verified by : _____ Approved by : _____

Name : _____ Name : _____

Designation : _____ Designation : _____

Date : _____ Date : _____

H. APPROVAL BY DIRECTOR, CENTRE FOR RESEARCH AND DEVELOPMENT

Comments:

Approved Signature :

Not Approved Name :

Date :

I. APPROVAL BY VICE CHANCELLOR (for conference outside Malaysia)

Comments:

Approved Signature :

Not Approved Name :

Date :