

**MEMO**

**To** : Director, Centre for Research and Development

**From** :

**Research ID No.** :

**Date**  :

**Subject** : Professional Services: Consultancy Work / Expert Service (VOT 29000)

With reference to the above mentioned, I hereby would like to request payment for consultancy work/expert service. Details of the payment are as follows:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Name** | **Highest Qualification** | **Type of Service** | **Rate per hour/day/month (RM)** | **Total (RM)** |
| 1. |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL (RM)** |  |  |  |

**\* The above payment must be stated in UTS Research Grant Application form that has been approved by the Centre.**

**\* Rates are calculated based on a consultant’s qualification.**

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

 **Signature of Project Leader**

**VERIFICATION BY CENTRE FOR RESEARCH & DEVELOPMENT**

**Verified by: Approved by:**

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

Name : Name :

Designation: Designation:

Date : Date :

\* **This memo must be attached together with Staff Reimbursement and Professional Service Payment form upon the claim request made by the Project Leader.**

**\* Curriculum vitae (CV) of service provider must be attached together with the memo.**