



UTS

UNIVERSITY OF TECHNOLOGY SARAWAK

RESEARCH FELLOW CLAIM FORM
(MONTH _____ YEAR _____)

A. DETAILS OF CLAIM

Full Name:	NRIC/Passport No.:
Mobile No.:	Email:
Account No.:	Bank:

I hereby declare that:

- a) The above information are true and correct.
- b) I have carried out my duties as required by the supervisor.

.....
Name

.....
Date

B. MAIN SUPERVISOR VERIFICATION

I hereby declare that the above information is true and correct.

Signature:	Official Stamp & Name:	Date:

C. FOR CENTRE FOR RESEARCH & DEVELOPMENT

Verified By:	Authorized By Director:
Name:	Name:
Date:	Date:

D. FOR FINANCE DEPARTMENT

Verified By:	Approved By:
Finance Department	VC/DVC/HoD (A&F)
Name:	Name:
Date:	Date: