



UTS

UNIVERSITY OF TECHNOLOGY SARAWAK

STUDENT RESEARCH ASSISTANT CLAIM FORM
(MONTH _____ YEAR _____)

A. DETAILS OF CLAIM

Full Name:		NRIC/Passport No.:	
Student ID No.:	School:	Mobile Phone No.:	
Account No.:	Bank:	Email:	
Details of Claim:	Hourly Rate: RM	Total Hours:	Total Claim: RM

I hereby declare that:

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

.....

Name

.....

Date

* Please attach the attendance sheet together with the claim form.

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 HUMAN CAPITAL & FINANCE DEPARTMENT

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