



ADVANCE APPLICATION

Project no. : UTVSB/CS/P. _____

Date : _____

For UTVSB use only

Consultancy and Services
UiTM TechnoVenture Sdn Bhd
Ground Floor, UiTM-MTDC Technopreneur Centre
40450 UiTM Shah Alam

Project Title: _____

Document checklist: Please (√) the relevant items.

MISCELLANEOUS ADVANCE <input type="checkbox"/>	MILEAGE ADVANCE <input type="checkbox"/>
	(√) Consultant (√) UTV
Miscellaneous Advance Application Form	
Travel Advance Application Form	
Overseas Approval from UiTM Vice Chancellor's Office (if applicable) <i>Letter of Approval for travelling oversea by VC office (if relevant)</i>	
Consultant Appointment Letter	

**Head of project must endorse application (if application by project member)

Endorsement by Head of project,

.....
APPLICANTS NAME:
STAFF ID:
TEL:

.....
HEAD OF PROJECT NAME :
STAFF ID:
TEL :

Please submit complete document to avoid payment delay.

For UiTM TechnoVenture SB use only		Finance Use Only
Checked by		
Verified by		
Approved by		



ADVANCE APPLICATION

MISCELLANEOUS ADVANCE APPLICATION FORM

ADVANCE AMOUNT (RM) : _____
 PURPOSE : _____
 DATE PROJECT START : _____
 DATE PROJECT END : _____
 APPLICANTS NAME : _____
 IC NO : _____
 STAFF ID : _____
 BANK NAME & ACCOUNT NO : _____

LIST OF EXPENSES TO BE MADE

NO	ITEMS	QUANTITY	ESTIMATED PRICE (RM)	APPROVED BY UTVSB (RM)
TOTAL (RM)				

DECLARATION BY THE APPLICANT:

1. I hereby confirm the advance made on the related dates are officially for the projects.
2. Should I fail to do the reconciliation within 2 months from the date of my receipts of advance, or if I make ineligible purchases, I hereby authorize UiTM TechnoVenture Sdn Bhd to deduct the amount from my salary through Bendahari UiTM.

Applicants,

Endorsement by Head of project,

UTVSB approval,

.....
 NAME:
 STAFF ID:
 TEL:

.....
 NAME :
 STAFF ID:
 TEL :

.....



ADVANCE APPLICATION

TRAVEL ADVANCE APPLICATION FORM

DATE PROJECT START : _____
 DATE PROJECT END : _____
 APPLICANTS NAME : _____
 IC NO : _____
 STAFF ID : _____
 BANK NAME & ACCOUNT NO : _____

LIST OF EXPENSES TO BE MADE:

- 1. **DESTINATION** : _____
- 2. **PURPOSE** : _____
- 3. **DEPARTURE DATE** : _____ **TIME:** _____
- 4. **ARRIVAL DATE** : _____ **TIME:** _____
- 5. **TYPE OF VEHICLE** : (*) **Airoplane/Train/Personal car/Motorcycle**
 Other Public Transport: _____
- 6. **ACCOMODATION** : (*) **Hotel / Lodging**

ESTIMATED EXPENSES AMOUNT

ITEMS	NO OF DAYS	ESTIMATED AMOUNT (RM)	APPROVED AMOUNT BY UTVSB (RM)
F&B			
HOTEL/LODGING			
TOTAL ADVANCE APPROVED (RM)			

Applicants,

Endorsement by Head of project,

UTVSB approval,

.....
 NAME:
 STAFF ID:
 TEL:

.....
 NAME :
 STAFF ID:
 TEL :

.....