



VENDOR PAYMENT 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: _____

Supplier's name : _____

Amount (RM) : _____

Document checklist: Please (√) the relevant items.

1. PAYMENT (WITH PO) <input type="checkbox"/>		(√) Consultant	(√) UTVSB
GOODS <input type="checkbox"/>	SERVICES <input type="checkbox"/>		
** If Goods Appendix 1-Goods Receipt Note Form			
** If Services Appendix 2-Work / Service Confirmation Form			
PO signed by Head of Project and supplier / LO (endorsed) (if relevant)			
Suppliers' Invoice			
Delivery Order (DO)			
2. PAYMENT (WITHOUT PO) <input type="checkbox"/>			
Suppliers' Invoice			
Delivery Order (DO)			

(Please submit vendor SSM and bank statement for 1st time application)

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 documentation to avoid payment delay

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