MSD-PFSU-10/V-01/R-00/ED-01042019



MANAGEMENT SERVICES DIVISION

DRIVER SPECIAL TASK ALLOWANCE CLAIM FORM FOR PAYMENT ON PROPORTIONATE BASIS

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

MONTH _____ YEAR ____

Name	:	Position	:	Department	:
Staff No	:	Salary Grade	:	Ext	:

DATE	PARTICULAR	TIME		TOTAL	TYPE OF	VEHICLE REGISTRATION
		FROM	ТО	HOURS	VEHICLE	NUMBER

Amount of claim $=\frac{(A)}{(B)}$

— X RM150.000

 $000 = \mathbf{R}\mathbf{M}$

I hereby declare the above claim is true

I hereby recommend the above claim

I hereby approved the above claim

(Signature of Applicant)

(Signature) (Official stamp) Immediate Supervisor (Signature) (Official stamp) Dean/Director/Head of Department

 Note:
 i) (A) refers to number of days performed

 ii) (B) refers to number of days of the month

 iii) This form is applicable to Driver on Grade H or R (PTH) only

file: nas2250/Driver Special Task Allowance Clain Form 2019