



**INSTITUTE OF CHINESE STUDIES**

Form Title: **INSTITUTE EVENT ATTENDANCE FORM – CLAIM FOR MEAL ALLOWANCE**

Form Number: **FM-ICS-EV-004**

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Page No.: **2 of 2**

No.	NAME	NRIC NO.	STAFF / STUDENT'S ID. NO.	SIGN IN TIME	SIGN.	SIGN OUT TIME	SIGN.	BANK ACCOUNT NO.	AMOUNT (RM)

**Recommended by,**

**Approved by,**

\_\_\_\_\_  
**Event Organising Chairperson / Coordinator**

Name:

Date:

\_\_\_\_\_  
**Institute Dean**

Name:

Date: