

CLAIM FORM

| | | | | | |
|-------------------------------------|--|--------------------------------|---------------|---------------|----------------------|
| Claim for the Month/Year of- | | Under the category of - | VENDOR | EXPERT | OTHERS: _____ |
|-------------------------------------|--|--------------------------------|---------------|---------------|----------------------|

A. PARTICULARS OF CLAIMANT

| | | | | | |
|----------------------|--|-----------------|--|-------------------------------------|--|
| NAME: | | NRIC | | BANK NAME /SAVINGS OR CURRENT ACC.? | |
| CONTRACT DESCRIPTION | | CONTRACT REF NO | | BANK ACCOUNT NO | |

B. CLAIM DETAILS *

| NO. | DATE | JOB/S DESCRIPTION | JOB NO | RATE/ HOUR/ PAGE/ 250 WORDS... (RM) | SHOW CALCULATIONS OF CLAIMS | TOTAL (RM) |
|---------------------------------|------|-------------------|--------|-------------------------------------|-----------------------------|-------------|
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| GRAND TOTAL (RM) | | | | | | |
| <i>Claimant's Signature</i> | | | | | | <i>Date</i> |

VERIFICATION & APPROVAL with date

| | | |
|-------------------|--------------------|--------------------|
| <u>Checked by</u> | <u>Verified by</u> | <u>Approved by</u> |
| ACCOUNTS UNIT | FINANCE UNIT | CEO/DEPUTY CEO |

* INSTRUCTIONS: Please complete the form, attach a copy of RECEIPTS/CONTRACT/ETC... for the month and submit together with this claim to the ACCOUNTS UNIT, HEMINDATWARE SERVICES.