

CLAIMANT DETAILS *(ALL fields are MANDATORY)*

NAME (per NRIC)		PS CODE	
BRANCH		H/P	
PAYABLE TO	(PLEASE SPECIFY IF CLAIMANT DETAILS DIFFERS)		

EVENT DETAILS

TOPIC			
DATE		PURPOSE	
VENUE		CLIENT NAME	

EVENT COSTS

TOTAL COST	\$					
CO-PAYMENT (TO INVOICE)	1. Company:		Contact Person:		Amount:	\$
	2. Company:		Contact Person:		Amount:	\$
	3. Company:		Contact Person:		Amount:	\$
1/3 REIMBURSEMENT by PIAS	\$	MINIMUM 1/3 REIMBURSEMENT by PRODUCT PROVIDER	\$	TOTAL REIMBURSEMENT (PIAS/PROVIDER)	\$	

PIAS OFFICE USE

BUSINESS DEVELOPMENT DEPT		FINANCE DEPT
ACKNOWLEDGED BY: <input type="checkbox"/> Checked to the record <input type="checkbox"/> Completion of the invoices & receipts <input type="checkbox"/> Validity of the claims NAME & SIGNATURE / DATE MANAGER, BUSINESS DEVELOPMENT	APPROVED BY: NAME & SIGNATURE / DATE HEAD OF BUSINESS DEVELOPMENT	VERIFIED BY: <input type="checkbox"/> Completion of the invoices & receipts <input type="checkbox"/> Validity & completion of the invoices & receipts <input type="checkbox"/> Billed the providers NAME & SIGNATURE / DATE FINANCE

NOTE

- PIAS will co-pay 1/3 of the amount up to a limit of \$500/- only per event/seminar. **Strictly** one claim form per event/seminar.
- Kindly attach ORIGINAL invoice(s) and receipt(s) to the claim form for submission to your BDM. Forms with insufficient information & invalid documents (ie original invoice(s) and receipt(s)) will be returned.
- Claims must be submitted within TWO months from the date of event/seminar.
- Submission cut off date to BD will be on the 20th of EACH MONTH. Reimbursements will be credited into Adviser's account by the following month through Giro payment. Payments will be made only to the adviser who made the claim, not to any other third party.
- For reimbursements that require PIAS to bill Providers, the amount will be made payable to FARs only upon receipt of the payment from Providers.
- PIAS reserves the right to amend the terms and conditions.