

Signature:	I declare that the above disbursem and that the claim allow and that the claim allowed payable as under the rules and PATIAL THOSPITAL THOSPITAL	DECLARATION													DATE	VEHICLE NO:	POSITION:	NAME.	
Signature:	I declare that the above disbursements have been acturable by me and that the claim allowance claimed are pland payable as under the rules and regulations of KPJ KLANG SPECIALIST HOSPITAL	ATION												FROM TO	TIME				
Signature:	t declare that the above disbursements have been actually—I certify that the above claims are correct and payable unless otherwise—I certify that the above claims are correct and payable paid by me and that the claim allowance claimed are proper amended or cancelled by me and payable as under the rules and regulations of RPJ KLANG SPECIALIST HOSPITAL	CERTIFICATION OF DEPARTMENT HEAD												FROM	DETAILS			MILEAGE/TRAVEL	
														ТО	DETAILS OF TRAVEL			MILEAGE/TRAVELING CLAIM FORM FOR THE MONTH OF _	
Signature:	certify that the above claims are correct and payable inless otherwise amended or cancelled.	CERTIFICATION OF THE HCM	TOTAL CLAIM	TOTAL TOLL TICKET & PARKING	KM × RM 0.70	TOTAL									DETAILS OF DUTIES			THE MONTH OF	
Signature:Signature:Signature:	I verify that above claim are correct and payable unless otherwise amended or cancelled.	VERIFICATION												(RM)	PARKING PARKING			20	
Signature:	Please pay the above claims as otherwise ded amended or cancelled by me	AUTHORISATION												(RM) (Moneter)					
	aims as otherwise ælled by me	ATION	:											(RM)	AMOUNT				

Date:.....

Date:.....

Date:....

Date:.....

Date:.....