

UTAMA MEDGROUP

Lot 5138S-A, Lorong 1g Mohd Amin, Jln Wan Hassan, Kg Batu 4
Email: provider_utama@klinikutama24jam.com

PAYMENT VOUCHER

Voucher No: **PV001UMG**
Date: **08/08/2025**

PAY TO:
SYED MUHYAZIR HASSIM

Employee No: **S27650-5127**
Name: **SYED MUHYAZIR HASSIM**
NRIC: **Not Stated**
Bank / Cheque No: **Not Stated**

Payment Voucher No: **PV001UMG**
Payment Date: **08/08/2025**
Month: **August**

No.	Description	Claim Type	Amount (RM)
1	FINANCIAL	financial	100.00
2	TRAVEL ALLOWANCE	financial	150.00
3	MEAL ALLOWANCE	financial	75.50
4	INTERNET BILL	financial	120.00
5	OFFICE SUPPLIES	financial	85.00

MALAYSIA RINGGIT : TOTAL	530.50
MALAYSIA RINGGIT : FIVE HUNDRED THIRTY AND FIFTY SEN ONLY	

Prepared By

Checked By

Approved By