



Jun-15

Entity Name	Gleneagles Kuala Lumpur	
Name (per IC)		Department No
Position		Department

Staff No	
Staff Grade	

Vehicle no:[illegible]

Overall Summary of Claim			Total	GST (6%)	Total
			RM	RM	RM
A.	Pg 1	Office Parking	A/C 520602	-	-
B.	Pg 1	Petrol	A/C 520601/607	-	-
C.	Pg 1	Subscription	A/C 521103	-	-
D.	Pg 1	Others	N/A	-	-
E.	Pg 2	Mileage	A/C 520601/607	-	-
F.	Pg 2	Travel transport	A/C 520601/607	-	-
G.	Pg 2	Refreshment	A/C 520229	-	-
H.	Pg 2	Hotel	A/C 520603/609	-	-
I.	Pg 2	Laundry	A/C 520613/614	-	-
J.	Pg 2	Toll	A/C 520602	-	-
K.	Pg 2	Parking (Others)	A/C 520602	-	-
L.	Pg 2	Air Fare	A/C 520605/611	-	-
M.	Pg 2	Travel Others	A/C 520613/614	-	-
N.	Pg4	Entertainment	A/C 701/606/612	-	-
TOTAL CLAIM			-	-	-
Advance/Refund (Complete If applicable)			*Less: Advances Taken		-
			*Add: Refund Finance		-
Amt Due to Staff/ (Company)					-

* Enter positive figure

1. PLEASE ATTACH ALL ORIGINAL SUPPORTING DOCUMENT - PASTE THEM ON A4 PAPER SEQUENTIALLY. CLAIM WILL BE REJECTED IF SUPPORTING DOCUMENTS ARE NOT PASTE SEQUENTIALLY.
2. ALL COLUMNS IN EXCEL SHEET TO BE COMPLETED ACCORDINGLY
3. PLEASE COMPLETE THE CLAIM PARTICULARS VIA PC FOR SUBMISSION TO FINANCE FOR PAYMENT PROCESSING.

Claimant's signature

Date:

Checked by Dept PA/ Secretary /Immediate Superior Name & Signature Date:
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Approved by HOD/ COO/CEO

Name & Signature

Date:

Claim Rejected by Finance
Reason:
Name & Signature
Date Rejected:

Jun-15

Name (as per IC)			
Position		Department	

Staff No	0
Staff Grade	-

Vehicle no:	
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[illegible]

C/f to Page 2

Note: Please complete Page 2(b) if Page 2(a) columns are insufficient

Claimant's signature Date:

Checked by Dept PA/ Secretary / Immediate Superior
Name & Signature
Date:

8 = Breakfast, L = Lunch and D = Dinner

PLEASE ATTACH ALL ORIGINAL RECEIPTS.



Jun-15

Staff No	
Staff Grade	

To Page 1

Checked by Dept PA/ Secretary / Immediate Superior
Name & Signature
Date:



Jun-15

Name (as per IC)			
Position		Department	

Staff No	
Staff Grade	

[illegible]

Claimant's signature
Date:

Checked by Dept PA/ Secretary /
Immediate Superior

Name & Signature

Date:



Gleneagles™
KUALA LUMPUR

RECEIPT DOCUMENTATION(GST)

Entity Name	Gleneagles Kuala Lumpur	Staff Number	0
Name (per IC)	-	Department No	0
Department	-	Page	



Gleneagles™
KUALA LUMPUR

**RECEIPT DOCUMENTATION
(WITHOUT GST)**

Entity Name	Gleneagles Kuala Lumpur	Staff Number	0
Name (per IC)	-	Department No	0
Department	-	Page	

- 1 ALL TRAVELLING AND ENTERTAINMENT CLAIMS TO USE THIS FORM
 - 2 PLEASE ATTACH ALL ORIGINAL SUPPORTING DOCUMENT - PASTE THEM ON A4 PAPER SEQUENTIALLY.
CLAIM WILL BE REJECTED IF SUPPORTING DOCUMENTS ARE NOT PASTE SEQUENTIALLY.
 - 3 ALL COLUMNS IN EXCEL SHEET TO BE COMPLETED ACCORDINGLY
 - 4 PLEASE COMPLETE THE CLAIM PARTICULARS VIA PC FOR SUBMISSION TO FINANCE FOR PAYMENT PROCESSING.
 - 5 THE CLAIMS SHOULD BE CHECK BY PA/SECRETARY/SUPERIOR
 - 6 TO GET APPROVAL FROM HOD / DCEO / CEO
 - 7 FC WILL VERIFY BEFORE SEND TO AGNES (SR EXEC-PAYROLL) TO PROCEED WITH PAYMENT
 - 8 THE CLAIMS FORM SHOULD REACH FINANCE LATEST BY 15TH TO BE INCLUDED IN THE SAME MONTH SALARY
- ANY CLAIMS RECEIVED LATER THAN 15TH WILL BE PROCESSED IN THE FOLLOWING MONTH