

ROTARY INTERNATIONAL DISTRICT3310 BERHAD CLAM FORM

Event/Date:				
Claim Prepared and Submitted	<u>by:-</u>			
Name (per NRID)	:			
Rotary Club/ District Positio	on:			
Hand phone Contact	:			
Bank/A/cno.: (Bank in Malaysia only)				
Claim Particulars:		Amount ( RM. *delete where not	/ <u>SGD/BND*)</u> applicable	
1)Air ticket cost				
2)Accommodation				
3)Taxi/Mileage claim (35 sen / (to/from:	,			
4) Others				
	Total:			
(NB:Attached here with- the print-out of e-	-ticket/hotel receipt/transfe	er, etc)		
Submittedby	Reviewed and Agreed by		Approved for Payment by	
Name:	District Chair 2014/15 Name:		District Governor 2014/15 DG Andre Suharto	

Payment Information:

Please email your scanned copy of this claim form together with all supporting claim documents to PPSylvester Fong, District Treasurer 2014-2015, at email address sylvesterfong@ymail.com,with a copy to Joseph Chua,Secretariat, at jojorotary@gmail.com

Original Claim Form and supporting documents must be submitted immediately to Sylvester Fong, District Treasurer, at 283E, LorongSeladah 5, JalanSeladah, 93350 Kuching, Sarawak, Malaysia for audit purposes.