


	<b>UNIVERSITI KUALA LUMPUR</b> <b>ROYAL COLLEGE OF MEDICINE PERAK</b> <b>FINANCE &amp; PROCUREMENT DEPARTMENT</b>  <b>PROCEDURES OF PAYMENT FOR STAFF</b> <b>CLAIMS, HONORARIUM AND LOCAL</b> <b>PRECEPTOR</b>	Doc. No:	UniKL/RCMP/ FIN-03
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Prepared by:  Name: Mohd Arif Bin Roslan Position: Executive of Finance & Procurement Department, UniKL RCMP Date: 01.07.2017	Approved by:  Name: Khalifah Binti Hamzah Position: Head of Finance & Procurement Department, UniKL RCMP Date: 01.07.2017
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#### AMENDMENT RECORDS

No.	Date	Remarks	Revision No.	Approved by
1	09 May 2014	Establishment	00	HOD
2	01 July 2017	- Upgrading of ISO 9001:2015  - Amendment on :- 1) Change name & department from Finance Department to Finance & Procurement Department  2) Amend 2.0 and add processing time  3) Refer 4.0, 6.1 & 7.0 from FD to FPD and from HCD to PMTCD  4) Refer 7.1 & 7.2 – Amend person-in-charge, add duration and add description in prepare PV & PCV  5) Refer 8.0 – Change retention period to 7 years	01	HOD

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## 1.0 OBJECTIVE

The objective of this SOP is to provide comprehensive guidelines for payment procedures on staff claim, honorarium claim and local preceptor claim.

## 2.0 SCOPE

The scope of this SOP covers all departments/faculties in UniKL RCMP. The payment will be processed within 15 working days and subject to the performance of company's cash flow.

## 3.0 REFERENCE

None

## 4.0 DEFINITIONS/ABBREVIATIONS

UniKL	:	Universiti Kuala Lumpur
FOM	:	Faculty of Medicine
FPHS	:	Faculty of Pharmacy & Health Sciences
FPD	:	Finance & Procurement Department
PMTCD	:	People Management Team Culture Department
PV	:	Payment Voucher
PCV	:	Petty Cash Voucher
HOD	:	Head of Department

## 5.0 RESPONSIBILITY

- 5.1 Head of Finance & Procurement Department is responsible to ensure this procedure is adhered to by Finance & Procurement Department.
- 5.2 Dean of Faculty of Medicine and Faculty of Pharmacy & Health Sciences are also responsible to ensure this procedure is adhered to at Faculty level.



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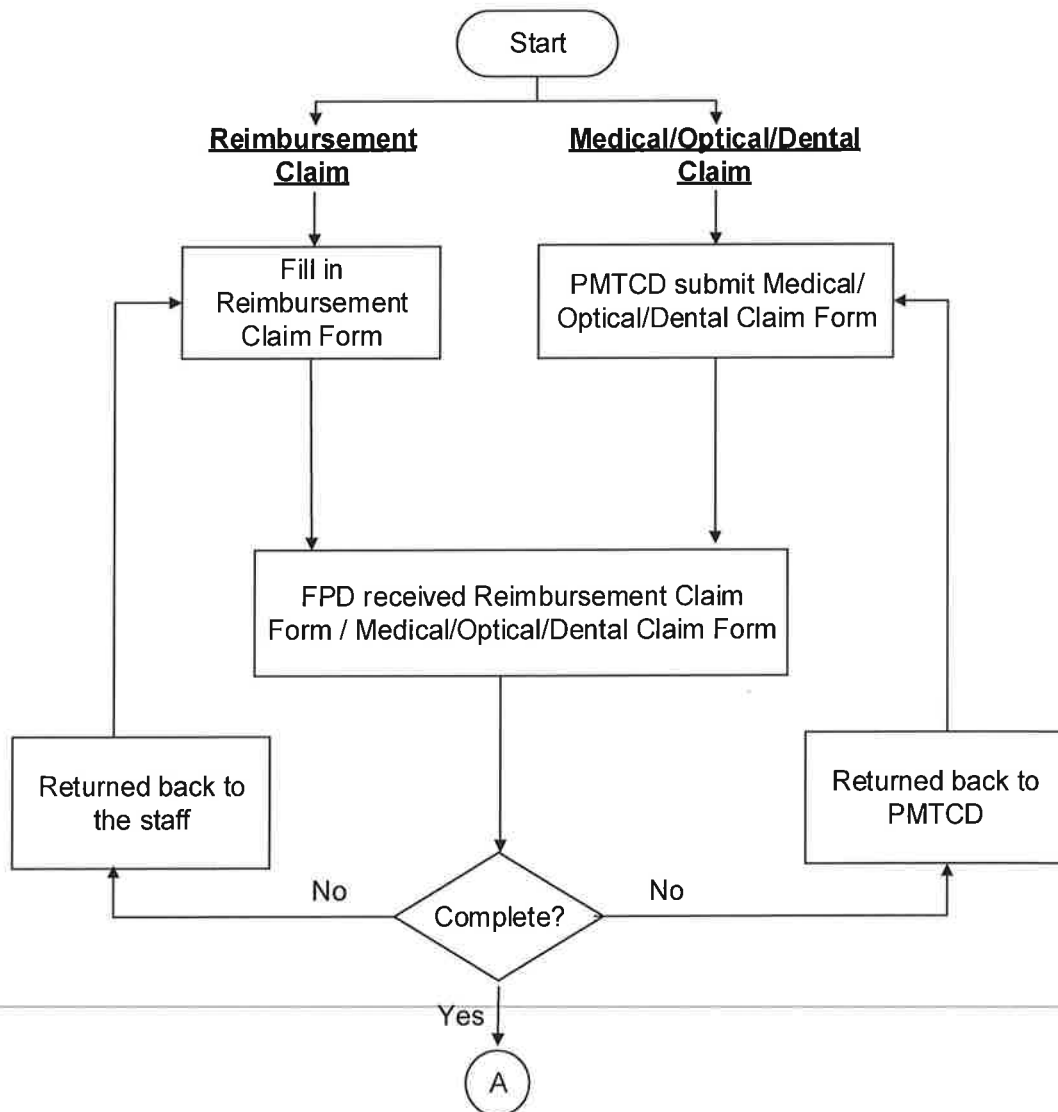
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## 6.0 PROCEDURE

### 6.1 Procedures of Payment for Staff Claims

Refer to the process flowchart as below:-





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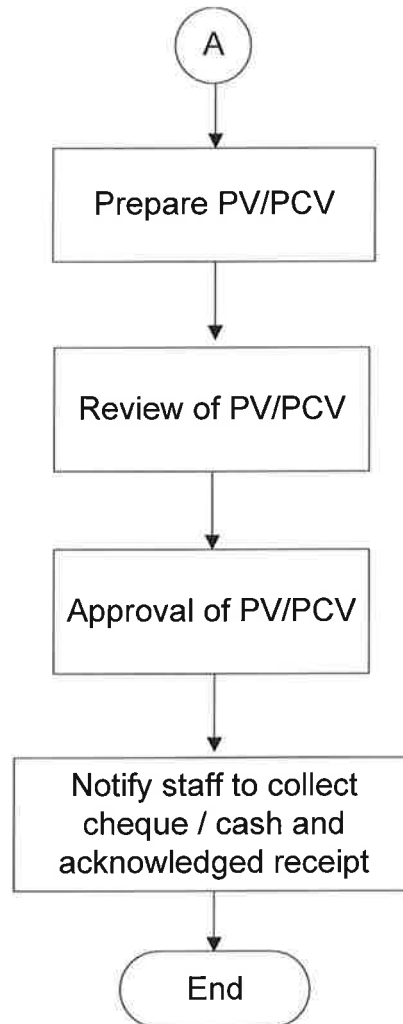
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Date

01 July 2017

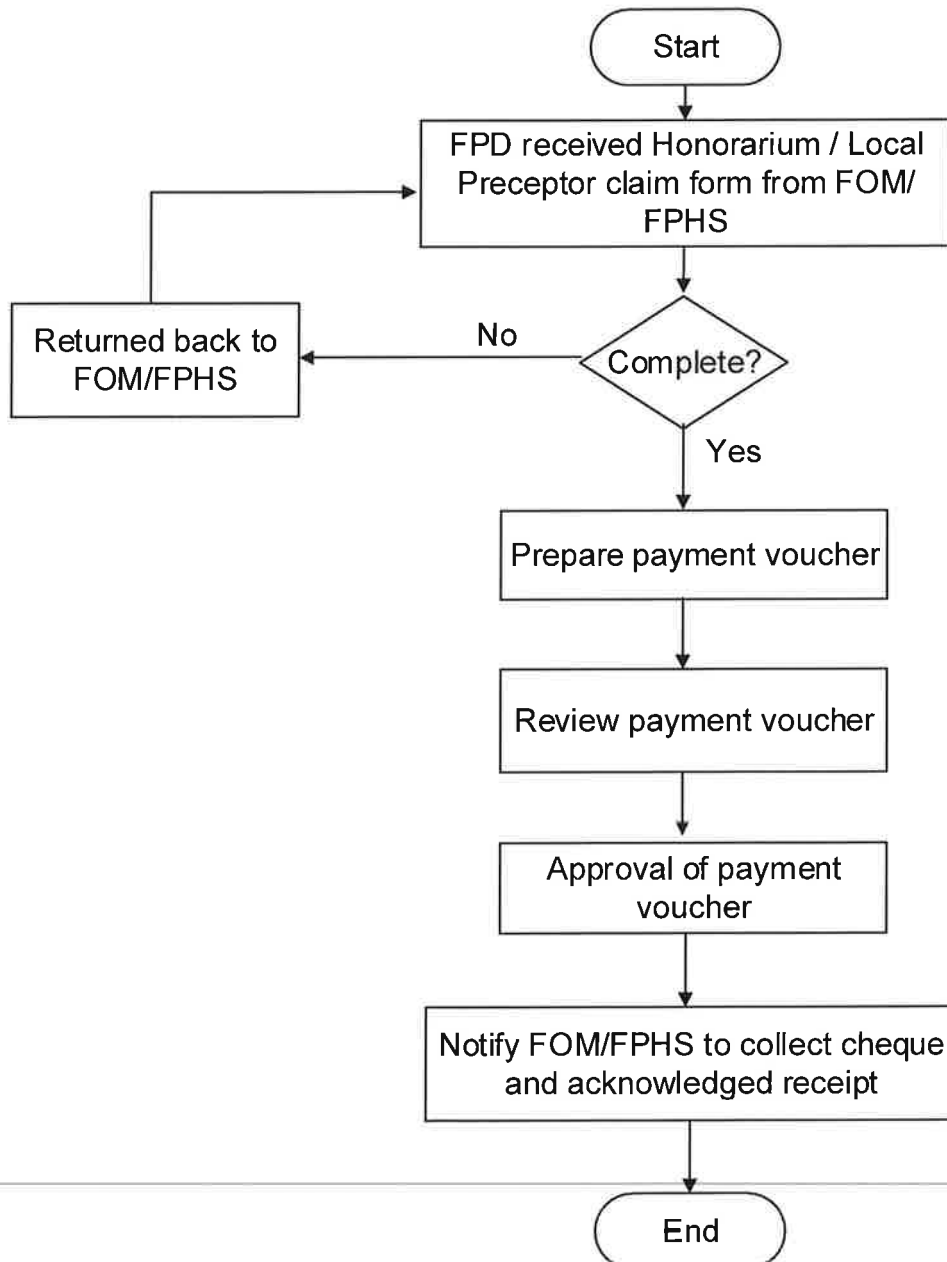
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### 6.2 Honorarium / Local Preceptor Payment Procedures




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## 7.0 DESCRIPTION

### 7.1 Procedures of Payment for Staff Claims

No	Description	Person in Charge	Document	Duration
1	Fill in reimbursement claim form	Applicant	-Reimbursement Claim Form / Staff Movement Form / Vehicle Form / Memo Staff Movement / Original Receipts	-
2	PMTCD submit medical/optical/dental claim form	PMTCD	-Medical / Optical / Dental Claim Form / Original Receipts	-
3	FPD received reimbursement/ medical/optical/dental claim form	Administrative Assistant	-Reimbursement Claim Form / Staff Movement Form / Vehicle Form / Memo Staff Movement / Medical / Optical / Dental Claim Form / Original Receipts	-
4	Returned back to the staff	Administrative Assistant	-Reimbursement Claim Form / Staff Movement Form / Vehicle Form / Memo Staff Movement / Original Receipts	-
5	Returned back to PMTCD	Administrative Assistant	-Medical / Optical / Dental Claim Form / Original Receipts	-

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### 7.1 Procedures of Payment for Staff Claims (Continued)

No	Description	Person in Charge	Document	Duration
6	Prepare PV/PCV > RM100 by cheque/online transfer ≤ RM100 by cash/online transfer - Payment by cheque for amount below RM100 is subject to the discretion of FPD - Payment by cash for amount above RM100 but limited to RM500 is subject to the discretion of FPD	Administrative Assistant	-Reimbursement Claim Form / Staff Movement Form / Vehicle Form / Memo Staff Movement / Medical / Optical / Dental Claim Form / Original Receipts -PV / PCV	5 days
7	Review of PV/PCV	Administrative Officer or Executive	-Reimbursement Claim Form / Staff Movement Form / Vehicle Form / Memo Staff Movement / Medical / Optical / Dental Claim Form / Original Receipts -PV/PCV	5 days
8	Approval of PV/PCV	Authorized Signatories	-Reimbursement Claim Form / Staff Movement Form / Vehicle Form / Memo Staff Movement / Medical / Optical / Dental Claim Form / Original Receipts -PV/PCV	5 days
9	Notify staff to collect cheque / cash and acknowledged receipt	Administrative Assistant	-PV/PCV	-



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## 7.2 Honorarium / Local Preceptor Payment Procedures


No	Description	Person in Charge	Document	Duration
1	FPD received Honorarium/Local Preceptor Claim Form from FOM/FPHS	Administrative Assistant	<b>FOM :</b> -Honorarium Claim Form/Teaching and Learning Schedule <b>FPHS :</b> -Local Preceptor Claim Form/Teaching and Learning Schedule/Attendance Sheet	-
2	Returned back to FOM/FPHS	Administrative Assistant	<b>FOM :</b> -Honorarium Claim Form/Teaching and Learning Schedule <b>FPHS :</b> -Local Preceptor Claim Form/Teaching and Learning Schedule/Attendance Sheet	-
3	Prepare payment voucher	Administrative Assistant	-PV <b>FOM :</b> -Honorarium Claim Form/Teaching and Learning Schedule <b>FPHS :</b> -Local Preceptor Claim Form/Teaching and Learning Schedule/Attendance Sheet	5 days
			Form/Teaching and Learning Schedule/Attendance Sheet	



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## 7.2 Honorarium / Local Preceptor Payment Procedures (Continued)

No	Description	Person in Charge	Document	Duration
4	Review payment voucher	Administrative Officer	-PV <b>FOM :</b> -Honorarium Claim Form/Teaching and Learning Schedule <b>FPHS :</b> -Local Preceptor Claim Form/Teaching and Learning Schedule/Attendance Sheet	5 days
5	Approval of payment voucher	Authorized signatories	-PV <b>FOM :</b> -Honorarium Claim Form/Teaching and Learning Schedule <b>FPHS :</b> -Local Preceptor Claim Form/Teaching and Learning Schedule/Attendance Sheet	5 days
6	Notify Faculty to collect cheque/cash and acknowledged receipt	Administrative Assistant	-PV	-

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## 8.0 RECORDS

No	Titles/Records	Location/Responsibility	Retention Period
1	Petty Cash Voucher	Administrative Assistant	7 years
2	Reimbursement Claim Form	Administrative Assistant	7 years
3	Honorarium Claim Form	Administrative Assistant	7 years
4	Local Preceptor Claim Form	Administrative Assistant	7 years
5	Payment Voucher	Administrative Assistant	7 years



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Tel : 05-2432635 Fax : 05-2432636  
<http://www.perakmed.edu.my>

SHAHRLUL RAMDHAN BIN KHALJI

**PETTY CASH VOUCHER**

Voucher No.: PCV-201707/012

Date : 10/07/2017

Payment By : CASH

PAY THE SUM OF : RINGGIT MALAYSIA TWENTY ONE AND CENTS TWENTY ONLY

Acc. No.	Description	Amount
935-0000	Shahrul Pembelian grease nipple AHA 7713 & AHA7714	10.60
935-0000	Shahrul-Pembelian Rubber valve WTG 4375	10.60

UniKL/RCMP/FIN-01-A

PREPARED BY  
Azuwana Azis

CHECKED BY  
Azah Nur Darus  
Fardah Hanim Ramli

APPROVED BY  
Mond Anil Roslan

RECEIVED BY

TOTAL: 21.20

*This payment voucher was prepared by AutoCount Accounting*



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UNIVERSITI KUALA LUMPUR ROYAL COLLEGE OF MEDICINE PERAK

REIMBURSEMENT CLAIM FORM

Part I (General Information)

Name of Staff / Claimant :	Grade :
Designation :	

Part II (Particulars of Travel)

Departure		Arrival		Destination	Purpose
Date	Time	Date	Time		

Part III (Allowance and other Expenses)

(a) Allowance	(i) Subsistence Allowance	_____
(b) Other Expenses	(i) Mileage _____ km @ _____ cents	_____
	(ii) Hotel / Own Accommodation	_____
	Allowance per day RM _____ x _____ night(s)	_____
	(iii) _____	_____
	(iv) _____	_____
	(v) _____	_____
<b>SUB TOTAL</b>		_____
Advance take (if any)		_____
<b>SUB TOTAL</b>		_____

FOR FINANCE UNIT USE				
CLAIMED BY;	ENDORSE BY;	CHECKED BY;	VERIFIED BY;	APPROVED BY;
Name :	Dean / DD / HQD	Date :	Date :	Head / Executive Of Fin. & Procurement
Date :	Date :	Date :	Date :	Date :



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HONORARIUM CLAIM FORM ( LECTURE / BEDSIDE TEACHING / TUTORIAL / EXAMINER )

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Part I (General Information)

NAME OF LECTURER :	GRED :
NRIC NO. :	
DESIGNATION :	
DEPARTMENT ADDRESS :	

Part II (Particulars Of Lecture / Bedside Teaching / Tutorial / Examiner)

PROGRAMME / POSTING :

NO.	DATE	DESCRIPTION	TIME & HOURS	VENUE	CLAIM FOR				AMOUNT RM
					L	B	T	E	
<b>TOTAL</b>									RM

\* PLS TICK IN THE RESPECTIVE BOX : A LECTURE(L) / BEDSIDE TEACHING(B), TUTORIAL(T) OR EXAMINER(E)

ADDITIONAL INFORMATIONS :

1. Course time table with date from Phase Co-ordinator
  2. Academic office must acknowledge receipt claim before submit to Finance Unit
- \* Without all the above document, no payment can be made.

CLAIMED BY:

Name : \_\_\_\_\_ Date : \_\_\_\_\_

FOR FACULTY OF MEDICINE DEPARTMENT USE

I HAVE VERIFIED & SOLEMNLY DECLARED;

Module Co ordinator / Head Of Programme \_\_\_\_\_ Date : \_\_\_\_\_

FOR FINANCE UNIT USE

CHECKED BY:	VERIFIED BY;	APPROVED BY;
_____	_____	_____
Date : _____	Date : _____	Head / Executive Of Fin. & Procurement Date : _____



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UniKL/RCMP/FIN-03-C

LOCAL PRECEPTOR CLAIM FORM ( DIPLOMA PROGRAMME )

Part 1 (General Information)

NAME OF LOCAL PRECEPTOR :		GRED :
NRIC NO. :	BASIC SALARY : RM	CLAIM FOR THE MONTH / YEAR :
DESIGNATION :	SEMESTER :	
DEPARTMENT ADDRESS :		

Part II (Particulars Of Local Preceptor)

NO.	DATE	DESCRIPTION	DAYS	AMOUNT
				RM
TOTAL				RM

ADDITIONAL INFORMATIONS :

1. Course time table with signature and date from Head of Dept. & Students Attendance
2. Each Programme must acknowledge receipt claim before submit to Finance Unit

\* Without all the above document, no payment can be made.

CLAIMED BY;

Name :

Date :

FOR FACULTY OF PHARMACY & HEALTH SCIENCE DEPARTMENT USE

I HAVE VERIFIED & SOLEMNLY DECLARED;

Head Of Programme

Date :

FOR FINANCE UNIT USE

CHECKED BY;

VERIFIED BY;

APPROVED BY;

Date :

Date :

Head / Executive Of Fin. & Procurement  
Date :



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<http://www.perakmed.edu.my>

**PAYMENT VOUCHER**

BENDAHARI UPM

Voucher No. : PV-54859  
Date : 28/07/2017  
Cheque No. : CIMB494012  
Payment By : CHEQUE

PAY THE SUM OF RINGGIT MALAYSIA EIGHT HUNDRED ONLY

Acc. No.	Description	Amount
649-0010	REG FEE utk Prof Noorzaid-2nd Int. Anatomical & Biomedical Scientific Con. pd 1-2/8/17 di UMP Serdan	800.00

UniKL/RCMP/FIN-04-A

PREPARED BY  
Azuwana Abd Aziz

CHECKED BY  
Azah Nur Darius  
Faridah Hanim Ramli

APPROVED BY  
Khalifah Hamzah  
Mohd Arif Roslan

TOTAL : **800.00**

RECEIVED BY