***see*NTU**

**Pay from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(For Office of Admissions use)***

**Reimbursement Claim Form**

|  |
| --- |
| **REIMBURSEMENT GUIDELINES**  **Last updated on 11 April 2022**   1. Original invoices must be submitted as Proof of Payment. 2. Small receipts (non-A4 size) should be pasted on a sheet of A4 paper before submission. 3. NSS-Finance, NTU will reimburse directly to the account indicated for your salary payment once they have processed the claim. 4. In cases where your NTU School/lab may have already paid for the required lab consumables, do provide us with the respective cost centre and GL code to allow us to reimburse the monies directly into your cost centre. 5. Submission of this claim form does not guarantee approval of claims. 6. No correction fluid or tape should be used. Please cross out any mistakes and sign against all corrections made. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **TO BE FILLED BY MODULE LECTURER** | | |
| **S/N** | **Description** | **Taxable Amount** | | |
| **Before tax** | **GST** | **Total Claim** |
| **$** | **$** | **$** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
|  | **Total Amount** |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **PARTICULARS OF MODULE LECTURER** | | | | | | | | | | |
| Name of Module Lecturer: | | | Partial NRIC / FIN**\***: | | | | | Module Code: | | |
| Signature: | | | Date: | | | | | | | |
| 1. **PAYMENT DETAILS** | | | | | | | | | | |
| Pay To: | | Reimbursement to Module Lecturer (as per Section A) | | | | | | | | |
|  | | Reimbursement to NTU School Cost Centre **#** | | | Vote no: | | | | |  |
|  | |  | | | | | | | | |
| 1. **VERIFICATION BY CHAIR** | | | | | | | | | | |
| Name of Chair: | | | Signature: | | | | | Date: | | |
| 1. **APPROVAL BY DIRECTOR OF ADMISSIONS** | | | | | | 1. **CHECKED BY** | | | | |
| Signature: | | | | | |  |  | |  | |
|  |  | | |  | |  |  | |  | |
| *Director of Admissions* | | | *Name & Signature*  *Head, Talent Outreach* | |

**\* last 3 numerical digits and checksum of your NRIC/FIN (e.g. 567A from the full NRIC of S1234567A)**

**# Check with your respective Schools for guidelines/criteria that may apply to the usage of funding parked within the different Cost Centres**