☐ **GINTELL (M) SDN BHD**
☐ **GINTELL (BORNEO) SDN BHD**
☐ **GINTELL REST N GO SDN BHD**
☐ **GINTELL (S) PTE LTD**
☐ **GINTELL (B) SDN BHD**

CLAIM FORM

Name: _____ **Department:** _____ **Position :** _____

Date : _____ **For the month of:** _____ **Vehicle No.:** _____

Item	Date (dd/mm/yy)	Description of Claim	Nature of Expenses **	Tax Invoice/R Attached (Y/N)	Amount (RM) A Before SST	B SST	C = A + B After SST
Purpose of the claim:							
1							
2							-
3							-
4							
5							-
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
				TOTAL (RM):	-	-	-

****Please indicate one of the nature of expenses as follows:**

Mileage, Petrol, Tolls, Parking, Hotel, Stationery, Medical, Phone, others

Less: Advance (If Any)	
Balance Payable / (Refundable):	-

Please fill in the following Summary of Expenses:

Nature of Expenses	Before SST	SST	After SST
Mileage	-		-
Petrol	-		-
Tolls	-		-

Nature of Expenses	Before SST	SST	After SST
Stationery	-		-
Medical	-		-
Phone	-		-

Parking	-		-		**Others:_____**			
Hotel	-		-		**Others:_____**			

Claimed by :	Checked/Verified by :	Approved by :		Received by :
Signature of Claimant	Name:	Name:		Name:
Date:	Date:	Date:		Date: