

CLAIM FOR

PARTICULAR:	S OF STUDE	NT								
FULL NAME:						STUDENT	NO.:			
EMAIL:						CONTACT	ΓNO.:			
SEMESTER:	1 2		ACADEMIC YEAR: 20 / 20_			STATUS:		Full-Time	Part-Time	
NAME OF SUP	ERVISOR:									
MODULE/PRO (e.g. Practicum Topic Practice Course Cod	c/ ISC Code/ Fiel									
REIMBURSEM	ENT FOR E	XPEC	DITURE DETAILS: (please attach rece	ipts to a blank pi	ece of pap	per with descriptions o	f the expend	diture)		
CONSUMABLES:					TRAVEL:					
OTHERS:					TOTAL: (MAX SGD500 for local project; MAX SGD1000 for overseas project per student)					
☐ I declare that I have no previous fund claims. ☐ I have received prior funds claim of \$\$ (please attach past claim application form)					REQUEST IS □ SUPPORTED □ NOT SUPPORTED					
SIGNATURE OF STUDENT/ DATE					SIGNATURE OF SUPERVISOR/ DATE					
TO BE COMDI	ETEN DV E	חווכי	ATION OFFICE							
TO BE COMPLETED BY EDUCATION OFFICE COMMENTS (IF ANY):										
					VERIFIED BY: NAME/ SIGNATURE / DATE					
FOR OFFICIAL	IISF				VLI	MITTED DT. NAM	L/ SIGNA	TOKE / DATE		
COMMENTS (IF ANY):					REQUEST IS □ APPROVED □ NOT APPROVED					
					SIGNATURE OF PROGRAMME DIRECTOR/ DATE					
TO BE COMPL	ETED BY F	INAN	CE							
CO	PK		VENDOR/ GL ACCOUNT	AMOL	INT	GST CODE		WBS		
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