

PEJABAT TIMBALAN NAIB CANSELOR (PENYELIDIKAN DAN INOVASI) OFFICE OF THE DEPUTY VICE CHANCELLOR (RESEARCH AND INNOVATION)

POSTDOCTORAL AIR TICKET CLAIMS PROCEDURE

1. CONDITION OF CLAIM

Provided that postdoctoral complete the full period of appointment without any reappointment, the University will pay the cost of return air ticket passage (Economy Class) from postdoctoral home airport to Kuala Lumpur. If candidate is in Malaysia before the issuance of the offer letter, the flight ticket will only be provided from Malaysia airport to postdoctoral home airport. However, the University will not provide passages for any accompanying spouse or child.

2. FORM AND SUPPORTING DOCUMENT

- 1) Miscellaneous Claim Form
 - a. The form must be completed through UPM e-claim system

(http://eclaims.upm.edu.my).

(If applicant has problems logging into the system, please ask for help from system administrator at eclaim.bursar@upm.edu.my)

- b. Guidelines for completing this form can be referred in **Appendix A**.
- c. The form must be printed and signed by the applicant.
- 2) Copy of offer letter
- 3) Copy of report duty confirmation (Sample can be referred in **Appendix B**)
- 4) Copy of passport (Profile page and employment pass page)
- 5) Original receipt of ticket purchase
- 6) Confirmation of flight itinerary

3. SENDING FORM AND SUPPORTING DOCUMENT

Form and supporting document should be sent to:

Head of Administration Office of the Deputy Vice Chancellor (Research & Innovation) Universiti Putra Malaysia (attn: Mr. Mohd Rezuan M Aspar)

Tel : +603-9769 1242 / 1038 E-mail : mohdrezuan@upm.edu.my / nohajijah@upm.edu.my

4. PAYMENT CONFIRMATION

Payment will be credited to the applicant's bank account within two weeks from the date the complete application is received by the Bursar Office. Application status will be notified via email.

Prepared by,

Secretariat Selection Committee (Research) Office of the Deputy Vice Chancellor (Research & Innovation)

Date of update: July 17th, 2023

HOW TO FILL IN MISCELLANEOUS CLAIM FORM

1. LOG IN TO THE SYSTEM (http://eclaims.upm.edu.my/login/)



Perhatian : Sila gunakan Pelayar Mozilla Firefox bagi mengelakkan gangguan semasa menggunakan sistem

2. SELECT MISCELLANEOUS CLAIM



3. INPUT MOBILE NO AND SELECT VOT NO

| IC/Passport No: | | PTJ: |
|----------------------|---------|----------------------------------|
| Salary Grade | Gred 51 | |
| Extension/HP No: | | Click this icon to select vot no |
| Input your mobile no | | |

APPENDIX A

4. SELECT VOT NO

| LOOKUP FOR PTJ | × |
|--|-------------------|
| Search : 12051 | |
| Code Description | Zone/Section/Code |
| 12051 Pejabat TNC (Penyelidikan dan Inovasi) | 34 |
| Input 12051 in the search box and click OK | |
| | |
| | |
| | |
| | |
| | |
| | Cancel OK |

5. SELECT CLAIM TYPE

| CLAIM TYPE | |
|----------------------|-------------|
| | Amount (RM) |
| Miscellaneous Claim | 0.00 |
| Dental/Medical Claim | 0.00 |
| Petrol Claim | 0.00 |
| | |

Tick Miscellaneous Claim

APPENDIX A

6. INPUT DETAILS OF CLAIMS

| MISCELLANEOUS CLAIM | | | | | | × |
|--|--|----------------------|-----------|-------------------|---------------------|---|
| I am claiming for the following activities/projects: | am claiming for the following ctivities/projects: | | | | | * |
| Fund Type : Projek Add Row Delete Row | Project Co Selec | t Project type | | Input de | etails of claim | |
| Expenditure Des | ription | Receipt Date | | Receipt No | Amount(RM) | |
| | | | | | 0.00 | |
| Deduct: Advance No | Advance Taken: | Amount | Allo | cated Amount (RM) | Balance (RM) | |
| Q. | | 0.00 | | 0.00 | 0.00 | |
| Balance Amount | | (RM) | | 0.00 | | ł |
| ENDOWMENT FUND CONTRIB By this I am pleased to submit the University | UTIONS: e total amount of clair | ms which have been o | quoted to | the (RM) | 0.00 | • |
| | | | | Cane | cel Save & Continue | • |

7. INPUT PROJECT CODE

| MISCELLANEO | US CLAIM | | | | | | × |
|--|---------------------------|---|--------------------------------|---------------------------------|-----------------|---------------|---|
| I am claiming for activities/projects | the following | Air ticket cl | aim for postdocto | ral fellow from xx | x airport to xx | x airport | * |
| Fund Type : | Projek 🔻 | Project Code : | | Q | | <u>,</u> | |
| | LOOKUP FOR PRO | JECT CODE | | | × | | |
| Add Row | Search : 9001000 | | | | | | L |
| _ | Project Code | | | | | iount(RM) | |
| | 9001000 | | | | | 0.00 | |
| CLAIM TOTAL: Deduct: Adv; | | Input 900100 9001000 at Pr click OK | in the search oject Code in | box and click the box, and t | hen | ce (RM) | |
| Balance Amour | | | | Car | ncel OK | | |
| ENDOWMEN | | | | | /// | J | |
| By this I am ple University | eased to submit the total | amount of claims whic | h have been quoted | d to the (RM) | | 0.00 | + |
| | | | | | Cancel Sa | ve & Continue | • |

8. INPUT DESCRIPTION OF CLAIM

| MISCELLANEOUS CLAIM | | | × |
|--|---------------------|---------------------------------|-----------------------------|
| I am claiming for the following Air t activities/projects: | ticket claim for po | stdoctoral fellow from xxx airp | oort to xxx airport |
| Fund Type : Projek Project C | ode: 9001000 | Q | |
| Add Row Delete Row | | | |
| Expenditure Description | Receipt Date | Receipt No | Amount(RM) |
| | | | 0.00 |
| CLAIM TOTAL: Deduct: Advance Taken: | (RM) | 0.00 | |
| Input details of; | Amount | Allocated Amount (RM) | Balance (RM) |
| - Expenditure Description - Receipt Date | 0. | 00.00 | 0.00 |
| - Receipt No | | | |
| - Amount (RM) | (RM) | 0.00 | |
| By this I am pleased to submit the total amount of cla University | ims which have bee | n quoted to the (RM) | 0.00 cel Save & Continue |
| | | Click Save & Continue | / |

9. SUBMIT THE CLAIM

CLAIM TYPE

Miscellaneous Claim

Dental/Medical Claim

Petrol Claim

ENDOWMENT FUND CONTRIBUTIONS

By this I am pleased to submit the total amount of claims which have been quoted to the University

| CLAIM TOTA | |
|------------|-----------------------|
| Net Total | |
| | |
| | |
| Data | 02/05/2020 |
| Date | 02/05/2020 |
| | |
| Exit Sa | ave Submit |
| | |
| | |
| | Click Save and Submit |

10. SELECT CLAIM FORM

| Bahasa Malaysia | English | | | Land |
|-----------------|-------------------|---------------------|----------------------------|------|
| Advance | Claim H | lelp Entitleme | nt | |
| | My Dashboard | Incomplete Form | My Contribution | |
| | Application No | | Reference | |
| | C139020 | | | |
| G | o to Home Menu a | and select submitte | d claim under My Dashboard | |

11. READY TO PRINT



12. SAVE AND PRINT

| bus Claim | 1/2 | Ċ | Ť | - |
|---|--|---|---|---|
| Deduction of Endowment Fund Contribution | n (RM): 0.00 | | | |
| Balance Amount (RM): 3426.10 | | | | |
| (Claimant's Signature) Date: 16/03/2020 | Signature here | | | |
| PTJ CERTIFICATION Please to inform that the above claim has be | een approved and payment amounted RM 3426.10 will be paid to the officer | | | |
| | | | | |
| (Verifier Signature & Chop) Date: | Please leave blank, this signature is under verification of the Deputy Vice Chancellor (Research & Innovation)'s Office | | | |
| (Verifier Signature & Chop) Date: FOR TREASURY OFFICE USE ONLY | Please leave blank, this signature is under verification of the Deputy Vice Chancellor (Research & Innovation)'s Office | | | |
| (Verifier Signature & Chop) Date: FOR TREASURY OFFICE USE ONLY Verification | Please leave blank, this signature is under verification of the Deputy Vice Chancellor (Research & Innovation)'s Office | | | |
| (Verifier Signature & Chop) Date: FOR TREASURY OFFICE USE ONLY Verification Name, Stamping & Date | Please leave blank, this signature is under verification of the Deputy Vice Chancellor (Research & Innovation)'s Office Approval Name, Stamping & Date | | | ÷ |

APPENDIX B

| | PENGURUSAN SUM PEJA Kod Dokumen <i>Docun</i> BC | SOKONGAN <i>SUPPORT</i> IBER MANUSIA <i>HUMAN RESOURCE MANAGEMENT</i> BAT PENDAFTAR <i>REGISTRAR OFFICE</i> <i>nent Code</i> : SOK/BUM/BR03/ BORANG PENGESAHAN DRANG PENGESAHAN LAPOR DIRI |
|--|--|--|
| To the Date | REP | ORT FOR DUTY VERIFICATION FORM |
| Tarikh <i>Date</i> : | | |
| Pendaftar <i>Registrar</i> Universiti Putra Malaysia 43400 UPM Serdang SELANGOR | | |
| | PENGESAHAN LAPOI REPORT FOR DU | R DIRI MULA BERTUGAS TY CONFIRMATION: |
| Nama / <i>Name</i> | : | |
| Jawatan / Position | : | |
| Jabatan / Department | : | |
| Dengan ini disahkan bahaw Herewith I confirmed that: | a:- | |
| Pegawai yang terse The above-named c | but di atas telah melapo officer has reported for c | orkan diri untuk mula bertugas di Jabatan ini, mulai duty at this Department commencing from: |
| | | |
| | | UNTUK KEGUNAAN PEJABAT PENDAFTAR For Registrar Office Use |
| (Tandatangan / (Signature/Depa | (Cap Jabatan) rtment stamp) | (Cap Jabatan) (Department stamp) |
| Dekan/Ketua Jab (Dean/Head of Dep | atan/Pengarah artment/Director) | |

 NO. SEMAKAN REVIEW NO.
 : 02

 NO. ISU ISSUE NO.
 : 02

 TARIKH KUATKUASA EFFECTIVE DATE : 19/06/2020