



REIMBURSEMENT REQUEST ON RELIEF ASSISTANCE

Request By (Organisation Name) : _____

Organisation Chairman : _____

ACTION RELIEF

Type of Disaster Flood Fire Landslide Haze Other:

State/Division : _____

Assistance Date : _____

Assistance Area : _____

Date	Explanation of Charges	Receipt No.	Amount (RM)
Total			

* Please attach receipt(s).

Cheque made payable to _____

I hereby declare that the information given above is true.

Prepared By,

Verified By,

Approved By,

.....

Name:

Tel:

Date:

.....

Organisation Chairman/Secretary

Name:

Date:

.....

Foundation Office

Name:

Date: