



This form is used to request reimbursement for approved business expenses incurred by the recipient. All requests must include valid receipts and required documentation. Please complete the details below for processing. Terms and conditions apply.

Ref No. : SCB/BE/RF/20__ ()

SECTION 1: EVENT DETAILS

☐ Corporate Meeting /Incentive Travel	☐ Conference/Convention /Congress	☐ Exhibition (Homegrown/International)
Event/Group Name:		
Event Date:		
Final No. of Participants:		
Event Venue:		
Official Hotel/Accommodation:		
Local Ground Handler/DMC/PCO:		

SECTION 2: APPLICANT DETAILS

☐ Destination Management Company (DMC)	☐ Professional Conference Organizer (PCO)	☐ Professional Bodies with local chapter in Sabah/Malaysia	☐ Incentive Houses
☐ Local Associations	☐ GLC/Agencies	☐ Corporation	☐ Others, Please Specify _____
Company:			
Company License or Business Registration Number:			
Address:			
State/Province:			
Country:		Postcode/Zip code:	
Company Telephone:		Company Fax:	
Full Name/Contact Person:			
Designation:			
Telephone:		Fax:	Mobile:
Email:			

SECTION 3: BANK DETAILS

Account Name:
Account Number:
Bank Name:
Bank Branch:

***Payment will not be made to any individual/personal account unless prior justification and approval is obtained.**

SECTION 4: REQUIRED ATTACHMENTS

☐ Feedback Form
☐ Post Event Report
☐ Copy of Original Invoices and Receipts as Proof of Payment for Relevant Expenditures

SECTION 5: DECLARATION & SIGNATURE

☐ I hereby declare that the above information is true and correct, and the expenses claimed are related to the approved support by the Sabah Convention Bureau. I acknowledge that any false claims may result in the rejection of this reimbursement request.

Date of Submission:

Recipient Signature,

Name:

Designation:

Date:

Company Stamp:

FOR OFFICIAL USE ONLY:		
Propose Amount for Reimbursement (RM): Remark/Comment:	Received & checked by: Name: Position: Date: Remark/Comment:	Reviewed by: (Account & Finance) Name: Position: Date: Remark/Comment:
Approved / Not Approved: (Chief Executive Officer) Name: Designation: Date: Remark/Comments:		