

## TRAVELLING CLAIM FORM

(PLEASE WRITE IN BLOCK LETTERS & ENSURE THAT BILLS & RECEIPTS ARE ATTACHED)

| Name<br>(As per Bank Account)<br>Address<br>Bank & C.Acc Number | :                                  |           |          | —<br>—<br>—                   | I/C No : Office Tel : H/P No : |                     |                    |
|---|------------------------------------|-----------|----------|-------------------------------|--------------------------------|---------------------|--------------------|
| TRANSPORTATION / TOLL CHARGES                                   |                                    |           |          |                               |                                | AMOUNT (RM)         |                    |
| DATE  | MEETING NAME                       | FROM      | то       | AIR / CAR                     | MTG<br>ALLOW                   | RM                  | CENTS              |
|   |                                    |           |          |                               | 7122011                        |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   | TAXI, E                            | BUS, ETC  |          |                               |                                |                     |                    |
| DATE  | MEETING NAME                       | FROM      |          |                               | BUS / TAXI                     |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
| OTHER EXPENSES (ITEMISED)                                       |                                    |           |          |                               |                                |                     |                    |
| DATE  | DATE DESCRIPTION                   |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               |                                |                     |                    |
|   |                                    |           |          |                               | TOTAL                          |                     |                    |
| I hereby certify that the a                                     | bove claims are correct            |           |          |                               | Support                        | ing documents       | attached: YES / NO |
| Please see reverse side f                                       | or details of payment              | Signature | <u>:</u> |                               |                                |                     |                    |
| FOR OFFICE USE  | ATTENDANCE OF MEETING CERTIFIED BY |           |          | CLAIMS CERTIFIED & CHECKED BY |                                | PAYMENT APPROVED BY |                    |
|   | :                                  |           |          |                               |                                |                     |                    |
| Signature<br>Date   | :                                  |           |          |                               |                                |                     |                    |
|   | ·                                  |           |          |                               |                                |                     |                    |
| COMMENTS IF ANY   | :                                  |           |          |                               |                                |                     |                    |

## **GUIDELINES FOR REIMBURSEMENT OF CLAIMS FOR ATTENDING MEETINGS**

- 1. All Claims must be submitted within three months of the date of meetings and late claims will not be processed.
- For all other meetings, there has to be an official notice of the meetings which is to be forwarded to the finance department, irrespective of whether it is an internal or an external meeting. For an external meeting, a brief meeting report must be submitted together with any claims made.
- 3. Only Official appointees or nominees approved by MMA to the Internal and External Committees shall be entitled to any claim allowances. Invitees are not entitled to such claim allowances unless approved by Exco.
- 4. Accommodation allowances are capped at RM 550 per night for all states (effective from 20<sup>th</sup> August 2024). Food taken at accommodation is allowed within the total accommodation allowance and shall not exceed RM 100 per day (total RM 550 per day inclusive of food). Food taken outside the accommodation shall be capped at RM 30 per meal and shall not exceed the total accommodation allowance of RM 550 in total. Incidental charges e.g. Phone bills, laundry, mini bar, valet parking, tours, etc, will be borne by the individual members concerned. Receipts must be produced for reimbursement. For hotels in the vicinity of MMA where there is a credit arrangement with MMA, payment will be done by MMA itself.
- 5. Council members from East Malaysia, Kelantan, Terengganu, Kedah, & Perlis may claim two nights' accommodation when they attend Council meetings, the caveat being that the Council meeting should not end earlier than 12noon and that the council members should have attended the meeting in full, failing which they can only claim for one night's accommodation.
- 6. All members who attend multiple meetings within a day at different venues will be entitled to mileage or taxi claim for each meeting, also with receipts
- 7. Road travel for **all members (all states)** will be allowed claims according to the mileage calculated from the distance between the registered correspondence address of the member as maintained in our membership database and MMA House (using the best calculated route). It will be at RM1.00 per Km of travel and toll rates are included within the RM1.00 per Km claim.
- 8. Rail and Air travel will only be reimbursed according to the valid receipts submitted. Taxi fares to and from the airport/railway station or parking at the airport/railway are reimbursable based on the receipts produced.
- 9. Taxi fare to and from KLIA or KL Sentral will be reimbursed based on the valid receipts produced.
- 10. In all instances, if receipts are not produced, a written explanation needs to be given.
- 11. Meeting Allowance for Official Meetings will be fixed at RM100.00.
- 12. Meeting allowance for multiple meetings will be paid as following time frames below provided there is a 3-hour interval between 2 meetings:
  - a) 8.00 am 2.00 pm
  - b) 2.00 pm 7.00 pm
  - c) 7.00 pm 12.00 am

This is the MMA Financial Guidelines adopted by the 65th, 4th MMA Council (2024/2025) and will be in force unless amended by subsequent Councils.

HONORARY GENERAL TREASURER
MALAYSIAN MEDICAL ASSOCIATION

Sakthi/Finance/2025