**MENJONG SORIG PHARMACEUTICALS CORPORATION LIMITED**

Advance Settlement/Reimbursement Form

Date:

|  |  |
| --- | --- |
| Employee Name | : |
| Employ ID | : |
| Division/Department | : |

**Purpose:**

|  |
| --- |
|  |

**Itemized Expenses:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SN** | **Bill No.** | **Bill Date** | **Particulars** | **Amount (Nu)** | |
| 1 |  |  |  |  | |
| 2 |  |  |  |  | |
| 3 |  |  |  |  | |
| 4 |  |  |  |  | |
| **Total (Nu)** | | | | |  | |
| **Less: Advance Taken (Nu)** | | | | |  | |
| **Refund/Claim (Nu)** | | | | |  | |

**Note: Attach receipts**

**Employee Signature**

**Approval Signature**