

MyCoID															
PSMB/T/1/09				Approval No.											

Employer Code No.							
Form Code 70							



**CLAIM FOR TRAINING GRANT UNDER PSMB ACT 2001
FOR SBL/SBL-KHAS/PLT/JOINT TRAINING SCHEME**

PART I – PARTICULARS OF EMPLOYER & TRAINING PROGRAMME

1. Name and Address of Employer:	Contact Person : _____
	Telephone No. : _____
	E-Mail : _____
2. Title of Training Programme:	
3. Training Date: From: _____ To: _____	
4. i. Total Training Duration: <input type="text"/> Hours <input type="text"/> Days	
ii. Batch/Module To Be Claimed: Total Batch / Module approved: <input type="text"/> Batch / Module claimed: <input type="text"/>	

PART II – TRAINING COSTS TO BE CLAIMED

5. Expenses Item to be claimed:	Fill in actual expenses Incurred as per receipt / invoice / payment voucher etc.
Foreign Currency Exchange Rate: <input type="text"/> = RM <input type="text"/>	RM
i. Course Fees	Internal Trainer Allowance (for in-house programme) / External Trainer Fee (for in-house programme) / Course Fee (for public programme) (EPD / YPL / YUR) _____
ii. Meal Allowances (for in-house training only)	Trainees / Internal Trainer (EMP / EMT) _____
iii. Daily Allowances (for meal, transport & accommodation)	a) Trainees (EHP / ELN) _____ b) Internal Trainer (EPS) _____ c) Overseas Trainer (EPL) _____
iv. Monthly Allowances (for Masters and PhD. programme only)	Trainees _____
v. Economy Rate of Airfare	a) Trainees (TKP) _____ b) Internal Trainer (TKS) _____ c) Overseas Trainer (TKPL) _____
vi. Rental of Training Venue	a) Hotel / Rental of Training Venue (PSH / PSHP / STL) _____ b) Transportation (PKT) _____
vii. Consumables Training Materials	(BGH) _____
	Total Claim _____

PART III – PARTICULARS OF TRAINEES AND TRAINERS

Trainees Name		*Branches	NIRC/(Mykad) (If the middle digit of MyKad is "60" and above, <u>please attach a copy of MyKad</u>)	Citizenship	Gender	Job Title
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
Trainers Name			NIRC/(Mykad)	Citizenship	Gender	Job Title
1.						
2.						
3.						

PART IV - DECLARATION

I declare that the information and supporting documentation provided in this claim is true, correct and complete. I also declare that I will not use the same document to file another claim from other agencies except PSMB. PSMB reserves the right to inspect or obtain further documentation to support my claim, if necessary. I have read, understood and agree to be bound by **Section 41 of Pembangunan Sumber Manusia Berhad Act, 2001 (Act 612)**. PSMB shall, at its discretion, withdraw any training grant approved and recover immediately any monies that have been disbursed, if I were to give false or misleading statement or use any misleading documentation in obtaining training grants from the Human Resources Development Fund. I have read, understood and accept the terms and conditions under the training scheme.

SIGNED: Date: ____/Month____/Year_____

NAME :

DESIGNATION:

Chairman / Managing Director / General Manager / Accountant /
 Manager / Executive – (Please specify designation)
 (Delete where inapplicable)



Company Stamp

Checklist for employer

- | | |
|--|--|
| <input type="checkbox"/> Course fees (YPL / YUR) – Official receipt from training provider | <input type="checkbox"/> Transportations (PKT) – Receipt |
| <input type="checkbox"/> Internal trainer allowances (EPD) – No document | <input type="checkbox"/> Meal allowances (EMP / EMT) – No document |
| <input type="checkbox"/> Daily allowances (EHP / ELN / EPS / EPL) – Hotel receipt | <input type="checkbox"/> Economy Rate of Airfare (TKP / TKS / TKPL) – Ticket / e-ticket or receipt & invoice |
| <input type="checkbox"/> Monthly allowances – No document | <input type="checkbox"/> Rental of Training Venue (PSH / PSHP / STL) – Hotel / Training Premise Receipt |

This form can be download from PSMB's website at www.hrdf.com.my