****

**SABAH BE *here for you* – MICE INCENTIVE (2020-2021)**

**REIMBURSEMENT FORM**

 **Request for reimbursement have to be submitted with the following**

* **Copy of approved support letter from Sabah Tourism Board**
* **Copy of receipt paid to any local suppliers**
* **Copy of invoices of the relevant expenditures**
* **Final number of participants’ list**
* **Post-Event Report**
* **Event images in USB (if have not been submitted)**

**EVENT DETAILS**

❏ Meeting ❏ Incentive ❏ Conference ❏ Exhibition

|  |  |  |
| --- | --- | --- |
| Event/Group Name | : |  |
| Event Date | : |  |
| Final No. of Participants | : |  |
| Event Venue(for corporate meeting, conferences and exhibition) | : |  |
| Official Accommodation(for Incentive group & Corporate meetings) | : |  |
| Local Ground Handler/DMC/PCO | : |  |

**APPLICANT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ❏ Destination Management Company (DMC |  ❏ Professional Conference Organizer (PCO) | ❏ Incentive House | ❏ Local Associations | ❏ Professional Bodies with local chapter in Sabah/Malaysia |
| ❏ GLC/Agencies | ❏ Corporation | ❏ Others, Please Specify – |

|  |
| --- |
| Company: |
| Company License or Business Registration Number: |
| Address: |
| State/Province: |
| Country: | Postcode/Zip code: |
| Company Telephone: | Company Fax: |
| CONTACT PERSON: |
| Full Name (Salutation, first name, surname): |
| Designation: |
| Telephone: | Fax: | Mobile: |
| Email: |

**REIMBUREMENT DETAILS**

|  |  |  |
| --- | --- | --- |
| Approved amount of support | : | RM |
| Amount for Reimbursement | : | RM |
| **BANK DETAILS**

|  |  |  |
| --- | --- | --- |
| Account Name | : |  |
| Account Number | : |  |
| Bank Name | : |  |
| Bank Branch | : |  |
| Swift Code | : |  |

**SUBMISSION**Completed form and supporting documents to be submitted to:-General ManagerSabah Tourism Board No. 51, Gaya Street, 88000 Kota Kinabalu, Sabah.(ATTN: Finance & Accounts Manager)**\*\* Payment will not be made to any individual/personal account unless prior justification and approval is obtained.** |

I hereby confirm that the information provided and any attachments, is complete, true and accurate.

Date of Submission:

Signature,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : Company Stamp

Designation :