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**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 Manager  Sabah 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 :