****

**SABAH BE here for you**

REIMBURSEMENT FORM

(In-Person/ Physical Event)

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

* **Copy of support approval letter from Sabah Tourism Board**
* **Final number of participants list**
* **Feedback form**
* **Post event report**
* **Event images in USB/Email**
* **Copy or receipt paid to any local suppliers/ Copy of invoices of the relevant expenditures**

**EVENT DETAILS**

❏ Meeting ❏ Incentive ❏ Conference ❏ Exhibition

|  |  |  |
| --- | --- | --- |
| Event/Group Name | : |  |
| Event Date | : |  |
| Final No. of Participants | : |  |
| Event Venue | : |  |
| Official Hotel/Accommodation | : |  |
| 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: | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BANK DETAILS**   |  |  |  | | --- | --- | --- | | Account Name | : |  | | Account Number | : |  | | Bank Name | : |  | | Bank Branch | : |  | | Swift Code | : |  |   **\*\* 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:

Date: