

Kepada/To : **Kaunter Bayaran/Payment Counter**
Jabatan Bendahari/Bursary Department

Daripada/From : **Pusat Sejahtera**

Nama/Name: _____

No. Kad Pengenalan/Identification No: _____ No. Matrik/Matric No.: _____

Jabatan/Pusat Pengajian/Alamat Rumah (Dept/Sch/Home Add.): _____

No. Tel. Bimbit/H.P. No.: _____

- Kategori/Category: Staf/Staff Pelajar/Student Pesara/Pensioner
 Tanggungan Staf/Staff's Dependant Tanggungan Pelajar/Students's Dependant Tanggungan Pesara/Pensioner's Dependant
 Lain-lain/Others

JENIS PERKHIDMATAN/TYPE OF SERVICES	AMAUN/AMOUNT (RM)
<input type="checkbox"/> Vaksin/Vaccine <input type="checkbox"/> Hep A <input type="checkbox"/> Hep B <input type="checkbox"/> Hep A & B <input type="checkbox"/> Crevarix <input type="checkbox"/> TD/TDAP <input type="checkbox"/> Influenza <input type="checkbox"/> MMR <input type="checkbox"/> Varicella <input type="checkbox"/> Pneumococcal PCV13 <input type="checkbox"/> Pneumococcal PPSV23 <input type="checkbox"/> Meningococcal <input type="checkbox"/> Thyphoid	
ARAHAN KEPADA KAUNTER BAYARAN: Sila masuk ke No. Akaun 401.CKESIU.480001 - Projek Suntikan Vaksin Jumlah Bayaran Dikenakan:	

Tandatangan & Cop/Signature & Chop
Pusat Sejahtera
Tarikh/Date: _____

Tandatangan & Cop Jabatan Bendahari
Signature & Chop Bursary Department
Tarikh/Date: _____

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