



Grant ID / Proposal No.	
MyCoID	

**PENJANA HRDF
PLACE & TRAIN INITIATIVE**

**CLAIM FORM
[COURSE FEE / TRAINEE ALLOWANCE]**

PART 1 – GENERAL INFORMATION

Name & Address of Training Provider:

Contact Person:

Email:

Phone No.:

PART 2 – TRAINING PROVIDER’S DECLARATION

Please tick (✓)

Training Delivery : Classroom Virtual Blended Others :

Mode of Training : Full Time Part-Time

1. I hereby submit claims for:
 60 % Course Fee (Employment)

(a) Course Fee	:	RM	1. For trainees who have attended the course with declared attendance rate at 80%; and 2. Get employment.
(b) Allowances	:	RM	
(c) Exam / Certification	:	RM	

2. I hereby submit claims for:
 10 % Remaining Course Fee

(a) Course Fee	:	RM	For trainees who have successfully employed for 6 months.
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1. The course, commences from toand the lists of trainees are as per listed on Page 3.
2. I declare that the claims are subject to the terms and conditions of Pembangunan Sumber Manusia Berhad.
3. I declare that all the information in the form and all accompanying information are true and correct and I have not provided any false or misleading information.

Name :

Position :
(Managing Director / Principal / Training Center Administrator)

Signature :

Date :

Company Stamp :

REMINDER: You are reminded that you will be prosecuted under the **Penal Code** and Pembangunan Sumber Manusia Berhad may at its discretion recover any amount paid, if false and misleading information or false and misleading documents are provided to obtain financial assistance.

Checklist		
Claimable Items	Supporting Documents	(✓)
60% Course Fee • Inclusive of Trainee Allowance, if any • 2 weeks after commencement of Employment but not later than 3 months after the commencement of Employment	Payment Voucher (trainees' allowances), if any	
	Attendance form PSMB/PTSP/3/20	
	System generated attendance report (for online platform)	
	Claim form - PSMB/PTSP/2/20	
	Itemised Invoice	
	Evidence of exam/certification fee paid to respective certifying body	
	Trainee's Payslips or Offer Letter or Employment Agreement or SOCSO contribution by employer	
Summary of Output Assessment		
Remaining 10% Course Fee	Itemised Invoice	
	Claim form - PSMB/PTSP/2/20	
	Latest Payslip (must state the wages and job position)	
Please (✓) where applicable		

PART 3 – LIST OF TRAINEES

No.	Name	NRIC No.	Contact No.	Attendance / Success Rate (%)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
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25				