	Print-On-Demand (POD) Claim Form	Doc. Ref.	:	**THE-ICT-FORM-PODCLM**
		Effective Date	:	**01 October 2023**
		Revision	:	**2.0**
		Page	:	**Page 1 of 1**
		Approved by	:	**VP, ICT Operations**
		Approval Date	:	**03 October 2023**

Printing Claim Form

Student Name		Student ID	
Programme		Institution	
Phone Number		Email:	
Printing Time			
Printer's Location			
Printer's Serial Number			
Fault	☐ No Print out ☐ Paper Crumple ☐ Print out Blurry ☐ Paper Jams ☐Others:		
Document File Name			
Printing Chargers to Claim	Number of pages in Mono has been printed: _____ Number of pages in Color has been printed: _____ Total Claim: RM_____		
Remarks (if any)			
Signature	Name: Date: ___ / _____ / ____		

--------------------------------------For Office Use--

Attended By :		Amount Credited:	
Approved By:		Date of Transaction	
Remarks (if any)			