

PART OF THE UNIVERSITY OF WOLLONGONG AUSTRALIA GLOBAL NETWORK

SSDStudent Service Department Ext: +604 238 6230

Email: syphuah@kdupg.edu.my



ACTIVITIES REPORT

Details of Program/ Event:		
		Venue:
No. of people attended:		(Please attach the name of the participants)
Total amount collected:		
Гotal expenditure:		(Please attach the final account)
MARY OF PROCEEDIN	NGS: (please us	se other sheet if necessary)
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FINAL ACCOUNT

Date	Particulars	Rcpt. No.	Debit (RM)	Credit (RM)	Balance (RM)

* Certificate for participants (YES / NO). If yes, please fill in the Requisition of Non-Academic Certificate form (SSD-C&S-21).

Report submitted by: (Organizing Chairperson only)
Signature:
Name:
Date:

Verified and audited by: (Advisor only)
Signature:
Name:
Date: