CMDF Incentive for New BFE System– Reimbursement Form

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| --- |
| **Member Name:** |
| **Reimbursement for Year: 2017** |

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| --- | --- | --- | --- | --- |
| **Disbursements** | **Vendor Name** | **Invoice No.** | **No. of BFE Terminals currently in use** | **Amount(RM)** |
| Annual Terminal Licensing |  |  |  |  |
| **TOTAL COST** | | | |  |
| **TOTAL REIMBURSEMENT**  **(As allowed per Schedule 1 of the BFE Agreement)** | | | |  |

**Please attach photocopy of invoice(s)**

Name :

Designation :

Signature : Date: