



# SABAH BE here for you

## REIMBURSEMENT FORM

(Hybrid/Virtual Event)

Request for reimbursement have to be submitted with the following

- Copy of support approval letter from Sabah Tourism Board
- Final number of participants list - Signed attendance/ Attendees tracking report
- Survey Form
- Event images
- For Hybrid event -
  - Copy of venue confirmation – reservation/invoices, etc.

### EVENT DETAILS

- |  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Corporate Meeting | <input type="checkbox"/> Conference | <input type="checkbox"/> Exhibition |
|--|-------------------------------------|-------------------------------------|

Event/Group Name:

Event Date:	Event hub venue: (Virtual)	Event physical Venue: (Hybrid)
Final number of participants	Virtual (pax):	In-Person (Pax): (Hybrid)
Final participant's breakdown	International (pax):	National (pax):

Name of Company/ Organization/ Association :

Event Organizer Company (if not organized by event owner) :

### APPLICANT DETAILS

<input type="checkbox"/> Destination Management Company (DMC)	<input type="checkbox"/> Professional Conference Organizer (PCO)	<input type="checkbox"/> Incentive House	<input type="checkbox"/> Local Associations	<input type="checkbox"/> Professional Bodies with local chapter in Sabah/Malaysia
<input type="checkbox"/> GLC/Agencies	<input type="checkbox"/> Corporation	<input type="checkbox"/> Others, Please Specify –		

Company:

Company License or Business Registration Number:

Address:

State:

Country:	Postcode:
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Company Telephone:	Company Fax:
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CONTACT PERSON:

Designation:

Telephone:	Fax:	Mobile:
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Email:

**BANK DETAILS**

Account Name	:	
Account Number	:	
Bank Name	:	
Bank Branch	:	
Swift Code (if applicable)	:	

**\*\* Payment will not be made to any individual/personal account unless prior justification and approval is obtained.**

I hereby confirm that the information provided and any attachments, is complete, true and accurate.

Date of Submission:

Signature,

\_\_\_\_\_  
Name :

\_\_\_\_\_  
Company Stamp

Designation :

Date :