(Faculty Letterhead)

(Reference from Faculty/ Project ID)

Date

General Manager

UNIMAS Holdings Sdn Bhd

Level 6, UNIMAS City Campus,

Lot 77, Section 22, Kuching Town Land District (KTLD)

Jalan Tun Ahmad Zaidi Adruce

93150 Kota Samarahan

Sarawak

**Through:**

Senior Director

Research, Innovation and Enterprise Centre,

UNIMAS

Tuan,

**Request for the Issuance of Invoice for (Name of Funder)**

**– Project (Name of Project and Project ID)**

We would like to request for the issuance of invoice as detailed below:

|  |  |  |
| --- | --- | --- |
| Funder’s Name | : |  |
| Purpose | : |  |
| Amount | : |  |
| Funder’s Address | : |  |
|  |  |  |
| Telephone No. | : |  |
| Fax No. | : |  |
| Email | : | To: |
|  |  | Cc: |

Please contact the undersigned should you need further details pertaining to the above.

Thank you.

Sincerely,

Project Leader’s Signature

**Project Leader’s Name**