

Miscellaneous Expenses Claim Form

Notes

1. I have read and understand the Regulation Governing Conflict of Interest in the Staff Handbook which is available at the University website. As a person involved in and/or approving this transaction, I confirm that I do not have conflict of interest, whether actual, potential or perceived one, in the transaction under consideration; and shall declare once I am aware of any conflict of interest situation. I acknowledge that it is my responsibility to declare immediately if there is any actual, potential or perceived conflict of interest; and I shall not knowingly provide false information or withhold any material information in relation to this declaration. I also understand that if I fail to comply with the above, I may be subject to disciplinary action of the University and/or prosecution.
2. A claimant who fails to comply the Regulation Governing Conflict of Interest in the Staff Handbook, and/or knowingly gives false information or withholds any material information renders himself/herself liable to refund to the University any or all the amount claimed.
3. If a claimant requests the University to pay on his/her behalf in the first instance, any excess over his/her entitlement will be automatically recovered from is/her salary, if applicable.
4. The information a claimant provides in this form will be used to facilitate the process of his/her claim or a directly-related purpose in the University. It may be provided to departments/offices/centres/units, and/or any other internal/external bodies, where applicable, authorized to process the information for purposes relating to the collection of such information.

To: Director of Finance

1.	<div style="display: flex; justify-content: space-between;"> (Full Name) Student No. <input style="width: 150px; height: 20px;" type="text"/> </div>										
	<table style="width: 100%; border: none;"> <tr> <td style="width: 35%;">Department <input style="width: 90%; border: none;" type="text"/></td> <td style="width: 30%;">Post <input style="width: 90%; border: none;" type="text"/></td> </tr> <tr> <td>Tel. <input style="width: 90%; border: none;" type="text"/></td> <td>Email Address <input style="width: 90%; border: none;" type="text"/></td> </tr> </table>	Department <input style="width: 90%; border: none;" type="text"/>	Post <input style="width: 90%; border: none;" type="text"/>	Tel. <input style="width: 90%; border: none;" type="text"/>	Email Address <input style="width: 90%; border: none;" type="text"/>						
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Tel. <input style="width: 90%; border: none;" type="text"/>	Email Address <input style="width: 90%; border: none;" type="text"/>										
2.	I wish to claim for HK\$ <input style="width: 150px; border: none;" type="text"/> Charge account <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>										
3.	The reason, authority and details for incurring the expenses are provided below:										
4.	<input type="checkbox"/> Please pay the company directly. A total of <input style="width: 100px; border: none;" type="text"/> invoice(s) is/are attached. <input type="checkbox"/> Please reimburse me by payment into my bank account. A total of <input style="width: 100px; border: none;" type="text"/> receipt(s) is/are attached. (Please tick (✓) as appropriate)										
	<table style="width: 100%; border: none;"> <tr> <td style="width: 55%;">Signature of Claimant: <input style="width: 90%; border: none;" type="text"/></td> <td style="width: 45%;">Date: <input style="width: 90%; border: none;" type="text"/></td> </tr> <tr> <td>Endorsed by: <input style="width: 90%; border: none;" type="text"/></td> <td>Date: <input style="width: 90%; border: none;" type="text"/></td> </tr> <tr> <td style="text-align: center;">(Name: _____)</td> <td></td> </tr> <tr> <td>Approved by: <input style="width: 90%; border: none;" type="text"/></td> <td>Date: <input style="width: 90%; border: none;" type="text"/></td> </tr> <tr> <td style="text-align: center;">*HoU/ Purchasing Delegate (Name: _____)</td> <td></td> </tr> </table>	Signature of Claimant: <input style="width: 90%; border: none;" type="text"/>	Date: <input style="width: 90%; border: none;" type="text"/>	Endorsed by: <input style="width: 90%; border: none;" type="text"/>	Date: <input style="width: 90%; border: none;" type="text"/>	(Name: _____)		Approved by: <input style="width: 90%; border: none;" type="text"/>	Date: <input style="width: 90%; border: none;" type="text"/>	*HoU/ Purchasing Delegate (Name: _____)	
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*HoU/ Purchasing Delegate (Name: _____)											

* Delete as appropriate