Student’s Reimbursement Application Form

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| Claimer’s Information |
| Name in Full: |  | Student No.: |  |
| E-mail address: |  | Contact no.: |  |

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| Payment / Reimbursement Items: |
| Item 1: |
|  | Quotation 1 | Quotation 2 | Quotation 3 |
| Supplier (Company): |  |  |  |
| Amount (MOP): |  |  |  |
| Awardee: |  |
| Justification(s) of the award: |  |
| Item 2: |
|  | Quotation 1 | Quotation 2 | Quotation 3 |
| Supplier (Company): |  |  |  |
| Amount (MOP): |  |  |  |
| Awardee: |  |
| Justification(s) of the award: |  |

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| Item 3: |
|  | Quotation 1 | Quotation 2 | Quotation 3 |
| Supplier (Company): |  |  |  |
| Amount (MOP): |  |  |  |
| Awardee: |  |
| Justification(s) of the award: |  |

# Attachment (Please put a tick  in appropriate item):

* No. of invoices/receipts:
* Other Document:

Claimer’s Signature: Date:

Remarks:

1. Please submit completed form and present ORIGINAL receipt(s)/ supporting document(s) to HC General Office for processing.

For Office Use **Only**

Received date:

Handled by (Staff):