



HONR400 Honours Project Reimbursement Application Form

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

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:			



HONR400 Honours Project Reimbursement Application Form

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: _____

Supervisor'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): _____
Ref. no: HONR400/_____/_____/_____/_____	