I (Student name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student no) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that I have received the stipend of MOP \_\_\_\_\_\_\_\_\_\_\_from (Claimer’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Claimer’s no) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for assistance in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Detailed participation records has shown as below:

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| Date | Time Worked | | No. of hours | Signature |
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| Total Hours: |  |
| Hourly Rate (MOP): |  |
| Total (MOP): |  |