**Student’s 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: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 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** O**nly**

Received date:

Handled by (Staff):