**\*This form is applicable for course HONR2004 Project on Social Awareness and HONR4001 Honours Project\***

I (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student No.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that I have distributed rewards to the recipients below for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (purpose of the rewards).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***IMPORTANT NOTES*** | | | | | | |
| 1. Add row if necessary. 2. The reimbursement application will not be processed if the applicant fails to provide any of the information as required/correct information in the list. 3. For recipient who is UM student, please provide the whole student number. For recipient who is non-UM student, please provide the first or last 4 digits of his/her ID card number or passport number (e.g.: 1332xxxx or xxxx4567). 4. Each recipient record should only appear ONCE, duplicated recipient record is not allowed. 5. Students who enrolled in HONR2004/HONR4001 are ineligible to receive any forms of rewards from their own project funding. | | | | | | |
| **Recipient Information:** | | | | | | |
| No. | Recipient Name | Student ID /ID Card /Passport No. | Item of Rewards | Amount of the Rewards (MOP) | Recipient’s Handwritten Signature*(e-signature is not allowed)* | Date Received  *(dd/mm/yyyy)* |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |
| Total Amount (MOP): | | | |  |  | |