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| **Student Information:** | | | |
| Name: |  | Student No.: |  |
| E-mail Address: |  | Contact No.: |  |

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| **Important Notes:** | | | |
| 1. The claimants are required to submit the reimbursement application form with   i) Original receipt(s)  ii) Declaration of Rewards Acknowledgement and Recipient List **if the expense is related to survey incentives**  iii) Hard copy of approved Funding Proposal Form for HONR4001 Honours Project (*only applicable for HONR4001 students*)  iv) Declaration Form for expenses without Receipts/Invoices should be submitted together with the application if the original receipt is lost or only e-receipt for online transaction could be provided. This form could be obtained from the HC General Office.   1. All reimbursement applications should be submitted in accordance with the deadlines announced by the HC General Office. The application will not be processed if the applicant fails to provide any of the information or documents as required in the application form. 2. Please ensure that the signature of claimant/applicant should be handwritten signatures. E-signatures will not be accepted unless proof is provided that they are not in Macau. 3. To uphold the initiative on financial management and proper use of public funds, individuals who are proposing a payment/reimbursement shall ensure the appropriateness of the spending which is in compliance with relevant laws, regulations, rules, and guidelines of Macao SAR and UM. Inappropriate spending must be avoided. 4. By signing on the mentioned documents, the claimant/applicant declares that the spending has been incurred wholly, exclusively and necessarily in the performance of the duties of employment and in accordance with the applicable relevant laws, regulations, rules, and guidelines of Macao SAR and UM and it has not been previously claimed from the University or other organizations. Hence, the claimant/applicant shall be responsible for the payment/reimbursement. | | | |
| **Payment/Reimbursed Items:** | | | |
| **Item 1:** | | | |
| **Purpose of purchasing the item:** | | | |
|  | **Quotation 1** | **Quotation 2** | **Quotation 3** |
| Name of Supplier (Company): |  |  |  |
| Amount (MOP): |  |  |  |
| Name of the Selected Supplier: |  | | |
| Justification(s) for why you chose this supplier: |  | | |
|  | | | |
| **Item 2:** | | | |
| **Purpose of purchasing the item:** | | | |
|  | **Quotation 1** | **Quotation 2** | **Quotation 3** |
| Name of Supplier (Company): |  |  |  |
| Amount (MOP): |  |  |  |
| Name of the Selected Supplier: |  | | |
| Justification(s) for why you chose this supplier: |  | | |
|  | | | |
| **Item 3:** | | | |
| **Purpose of purchasing the item:** | | | |
|  | **Quotation 1** | **Quotation 2** | **Quotation 3** |
| Name of Supplier (Company): |  |  |  |
| Amount (MOP): |  |  |  |
| Name of the Selected Supplier: |  | | |
| Justification(s) for why you chose this supplier: |  | | |

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

□ No. of receipt(s):

□ Other Document(s):

Claimant’s Signature: \_\_\_ \_ Date:

Advisor/ Co-advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **For Office Use Only** |
| Received by (staff):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ref. no: HONR / / / |