

STAFF DISBURSEMENTS CLAIM FORM

To: Finance Office

I. Claimant: _____ Staff No. _____
*(Prof/Dr/Mr/Mrs/Ms/Miss) (Full Name in Block Letters)

Department: _____ Post: _____ Tel (ext): _____

II. I wish to claim reimbursement for (please see instruction overleaf and tick one box only);

☐ Baggage Allowance (Note 1)

☐ Passage Allowance (Note 2)
(Booking No: _____)

☐ Medical Expenses (Note 3)
- ☐ Maternity related Medical Expenses
- ☐ Others, please specify _____

☐ Education Allowance (Note 4)

☐ Staff Development / Conference /
Duty Visit (Note 5 & 6)
(Programme Name: _____)

☐ Research Project Related Expenses (Note 7)
(Project No: _____)

For overseas travel, please indicate the purpose of the visit:-

- ☐ Academic Exchange / Visit
- ☐ Conference Attendance / Invited Talks or Presentations
- ☐ Data Collection
- ☐ Others, please specify _____

☐ Private Tenancy Allowance / ☐ Home Financing Allowance
(Note 8)

☐ Relocation Assistance (Note 9)

☐ Others (Note 10)

III. Amount Claimed \$ _____
(Original supporting receipts, vouchers and/or approvals must be attached as appropriate)

IV. Purposes of claimed expenses:

Details of claim (please see instruction overleaf):

DECLARATION

By signing below, I hereby declare that:

1. All information provided for this claim is true and accurate to the best of my knowledge and represents a legitimate request for reimbursement based on the rules set by the University/funding authorities. I acknowledge the trust placed in me by the University in filing this claim and understand that I may be subject to disciplinary action should I purposely file a claim that violates documented rules on reimbursements.
2. All expenses claimed were paid by me and were incurred wholly and necessarily for official business of the University.
3. In case any amount claimed is related to my Research Project, the expenses claimed are necessarily incurred for the Research Project.
4. To the best of my knowledge, no other individual is claiming any portion of the reimbursement requested with this filing (i.e., there is no duplication of claims for any part of these requested funds).

Signature of Claimant

Date:

Signature of Approver/Endorser

Printed Name:

Date:

Notes:

- * Delete as appropriate
- i. No individual staff member may authorise reimbursement or payment of his or her own claims as per university policies.
- ii. Claims should be submitted to FO for reimbursement within one month or within the same financial year in which the expenses were incurred, whichever is the earlier.

(For Finance Office Use Only)

Account Code	Amount (\$)	Description
Total:		

Explanatory Notes for completing Section IV

1. Baggage Allowance

For Baggage Allowance, please provide the following information:

- a. Name of wife/husband and children
- b. Weight (kg) of unaccompanied air baggage and volume (cu.ft) of sea baggage
- c. Volume (cu.ft) of books [if included in b above, please provide volume (cu.ft)]
- d. Insurance charges

2. Passage Allowance

For claims relating to reimbursement of passage, please provide the following information:

- a. Passage booking number
- b. Name of passenger
- c. Places visited
- d. Means of transport
- e. Amount

3. Medical Claims

For Medical/Hospital expenses, please provide information in the following format and attach the receipt or supporting on which doctor's diagnosis was declared.

- a. Name of Patient
- b. Name of Doctor/Hospital
- c. Date of Consultation/Service
- d. Referral letter from panel doctor (non-maternity related cases)

4. Education Allowance

Please provide information in the following format:

- a. Name of Child
- b. Name of School
- c. Class Attended
- d. No. of Month per school term
- e. Tuition Fees and/or Tong Fei

5. Staff Development/Conference

Original receipts for course fee and certificate of attendance must be produced. For staff development programmes involving overseas visits/conferences with subsistence allowance, please also supply receipts and information as specified in Note 6.

6. Overseas Travel and Subsistence Allowance

For Subsistence Allowance Claims, please attach receipts specifying hotel accommodation or otherwise and also the period of stay. For Overseas Travel, please provide air ticket, receipt and boarding pass. If there is more than one destination, please provide itineraries with dates and purposes of travel.

7. Research Project Related Expenses

For expenses related to research project, the claim has to be endorsed by the Principal Investigator of the research project if he/she is not the claimant. In case if the Principal Investigator is the claimant, approval from next level authority is required. If the expenses are related to overseas travel, please also supply receipts and information as specified in Note 6.

8. Private Tenancy Allowance/Home Financing Allowance

Please provide original receipts of rent, management fee, rates and car park fee (this claim form is required for the first claim only and subsequent changes relating to management fees, rates etc.)

9. Relocation Assistance

Surface transport costs incurred in local or overseas and personal travel insurance charges are not covered under Relocation Assistance.

10. Others

Any other reimbursable expenses like removal allowance, hotel subsistence allowance etc. For enquires, please check with FO staff.

Notes

- a. The purpose of collection of any personal data in this form is for the processing of staff disbursements;
- b. As a data subject, you have the right to request access to and correction of the personal data supplied in this form under the Personal Data Privacy Ordinance; and
- c. Any request for access to and correction of personal data supplied in this form can be directed to the Finance Office.