|  |  |  |  |
| --- | --- | --- | --- |
| **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:

Supervisor’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 Only** |
| Received date: Handled by (Staff):  Ref. no: HONR400/ / / / |