



The Hong Kong Academy of Nursing
**APPLICATION FOR REIMBURSEMENT OF
EXPENSES/FUND/SPONSORSHIP**

To: Executive Manager, HKAN
(To be submitted with relevant supporting document(s) to the **Secretariat Office of HKAN**)

Section 1 [To be completed by Applicant]

Name: _____ Contact Tel: _____
Academy College: _____ Fellowship/Membership* No. _____
Programme/Project* Title: _____
Programme/Course/Project* Dates: From _____ To _____
Organizing Institute: _____
Place: Local Outside Hong Kong (Pls. specify _____)
Expenses: (a) Course / Registration* fee: HK\$ _____
(b) Air-ticket: HK\$ _____
(c) Accommodation: HK\$ _____
(d) Others (Please specify): _____ HK\$ _____
Total amount: HK\$ _____

I request refund of the total amount of expenses/fund/sponsorship as stated above.

To support my claim, I enclose the following:

- 1) original receipts of payment of fee(s).
- 2) the relevant Certificate of Attendance certifying that satisfactory attendance;
- 3) evidence of completing the course / report on the programme or course (if required) *;
- 4) Other (please specify) _____

Payment Methods: (1) Cheque payable to _____
_____ (2) Bank account number _____

Date: _____ Signature of Applicant: _____

Section 2 [To be completed by Executive Manager]

- I confirm that the reimbursement is in accordance with the Financial Policy for refund / reimbursement*.
I recommend that the applicant be refunded at the amount of HK\$ _____ of the total fees.
- Designated fund (If applicable, Please specify _____)

Remarks : _____

Date: _____ Signature: _____
Name (in Block Letters): _____

Section 3 [To be completed by the President / Honorary Treasurer]

The application for refund of the amount of HK\$ _____
 is approved **is not approved**

Remarks : _____

Date _____ Signature _____
(President / Hon. Secretary)

To: The Accounting Officer HKAN

- The official receipt(s) and copy of relevant attendance(s) are enclosed herewith for your processing & filing.

Please "√" at the appropriate space

* Delete as appropriate