



# The Hong Kong Academy of Nursing & Midwifery

## 香港護理及助產專科學院

Unit 4 & 5, 6/F, Nan Fung Commercial Centre, 19 Lam Lok Street, Kowloon Bay, Kowloon, Hong Kong SAR  
Email: [info-enquiry@hkanm.hk](mailto:info-enquiry@hkanm.hk) Telephone: (852) 2370 0335 Fax: (852) 2370 0216

To: Executive Manager, HKANM

(To be submitted with relevant supporting document(s) to the **Secretariat Office of HKANM**)

### **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 HKANM

- 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