Hong Kong Water Ski Association Limited Claim Form for Reimbursement

CLAIM INFORMATION

Name of Recipient (Match Bank Account Holder Name) :								
Date of submission :								
Event Name / Purpose of Use :				: _				
Event Date :								
Loca	tion and Exchange	Rate (if needed)	:	: _				
Bank Account Information :					(Account No.)			
:					(Bank Name)			
Items	Accomodation/ Transport/ Meals/Others		Description		Invoice Date	Claimed Amount (in HKD)	Claimed Amount (in foreign currency)	Receipt (Y/N) #
1								
2								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
					Total :			
Remarks :				:				
Total Amount (HKD)								
Total Amount (Foreign Currency) :								
Signature of Recipient :				: _				
Date :				: _				
CLAIMED AMOUNT ENDODOEMENT (Dec. OPP 11 1				1				
CLAIMED AMOUNT ENDORSEMENT (For Office Use only)								
	Approved & Signed by							
Name/ Position								
	Signature		_					
	Date							
	Remarks (if any)							
						Form received on:		