**Reimbursement Form for**

**HKLF Education Fund to attend Overseas Conference**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Dr. PY Tse, Honorary Treasurer, Hong Kong Lung Foundation Limited

 C/o Ms. Melissa Man-ching Leung, Clerical Support, Hong Kong Lung Foundation Limited

I have attended (name of conference) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ held in (City, Country) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from (date) \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_. I would like to apply for the reimbursement of the expenses related to attending the conference from the HKLF subject to final discretion of the HKLF Nomination and Sponsorship Committee and the HKLF Executive Board.

I hereby submit the following documents for the purpose of reimbursement (please check all relevant boxes in column A - C):

1. I have NOT received any honoraria / benefits from the Conference Organizer.

 I have received honoraria / benefits from the Conference Organizer. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I have attached original receipt for return airfare in economic class. HKD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I have attached original receipt for hotel accommodation of \_\_\_\_\_\_\_ nights. HKD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I have attached original receipt for registration fees. HKD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. I have attached copy of certificate of attendance.

Total amount claimed for reimbursement (ie B – A): HKD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:** Please provide bank statement / relevant document on conversion of foreign currency to HKD, please allow 2 decimal places (eg HKD 2,135.17).

I declare that the information stated above is accurate and true to the best of my knowledge. Thank you for your attention.

Best Regards,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Account Name (in block letters) Mailing Address