

Reimbursement Form for

HKLF Education Fund to attend Overseas Conference

Dat	e:						
To:	o: Dr. David Lam, Honorary Treasurer, Hong Kong Lung Foundation Limited C/o Ms. Melissa Leung, Logistic Support, Hong Kong Lung Foundation Limited						
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							held in (City, Country)
				, ,			I would like to apply for the
				_			ubject to final discretion of the HKLF
Noi	mina	tion and Sponso	rship Committe	ee and the HKLF Ex	ecutive Boa	rd.	
I he		submit the follo	wing documen	ts for the purpose o	f reimbursei	ment (please ch	neck all relevant boxes in column A
A.			•	oraria / benefits fron nefits from the Con		-	r. specify:
В.	☐ I have attached original receipt for return airfare in economic class. HKD						
		I have attached	ched original receipt for hotel accommodation of nights. HKD				
		□ I have attached original receipt for registration fees. HKD					
C.		Certificate of a	tendance is no on: □ The organ			ners: please spe	ecify
Tot	al an	nount claimed fo	r reimburseme	nt (ie B – A): HKD _			
		Please provide places (eg HKD		nt / relevant docum	ent on conv	ersion of foreig	gn currency to HKD, please allow 2
l de	eclare	e that the inform	ation stated ab	ove is accurate and	true to the b	est of my know	vledge. Thank you for your attention.
Bes	st Re	gards,					
Sig	natu		Bank Account	Name (in block lette		Cheque Pos	sting Address

The completed reimbursement form should be sent to Ms. Melissa Leung by email: hklf.melissa@gmail.com or by fax: 2785 3832 within 2 months after attended the conference.