

‘i-Journey’ Paid Non-local Study Leave Scheme for Teachers (2023/24 s.y.)

Supply Teacher’s Receipt

Section A (To be completed by the school)

(1) Name of supply teacher	
(2) Date	From _____ to _____

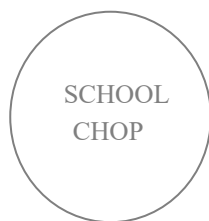
(3) Please mark the day(s) on which the supply teacher has actually worked and note the dates of school/public holidays in the remarks column.

Date Week Month	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Remarks

(4) No. of working days	
(5) Rate per day	\$ _____
(6) MPF subsidy*	\$ _____
(7) Total amount	\$ _____

* For supply teachers with claim period less than 60 days but are required to contribute to MPF, please provide supporting information.

I certify that the amount payable to the above supply teacher is correct.



Signature of Supervisor/School Principal : _____
Name of Supervisor/School Principal : _____
Name of School : _____
Date : _____

Section B (To be completed by supply teacher)

I confirm that I have received the above sum (Section A (7)).

Signature: _____

Date: _____