

To : Permanent Secretary for Education

(Attn : _____ District School Development Section / Joint Office for Kindergartens and Child Care Centres *)

[* delete as inappropriate]

[Please complete and send this form, by post, to the respective School Development Section / Joint Office for Kindergartens and Child Care Centres on or before 30 October 2023]

Report on Use of Special Anti-epidemic Grant

1. Our school has spent the captioned grant as stipulated in the Education Bureau (EDB) Circular Memorandum No. 51/2022 for the following use:

(Please put a “✓” in the appropriate boxes)

<input type="checkbox"/>	Purchase of face masks, thermometers and/or probe covers
<input type="checkbox"/>	Purchase of disinfectant, detergent and/or bleach
<input type="checkbox"/>	Purchase of paper towels, hand sanitizer, hand cleaning stuff and/or disposable gloves
<input type="checkbox"/>	Purchase of infrared thermometers and/or air purifier
<input type="checkbox"/>	Hiring cleaning services for anti-epidemic purpose
<input type="checkbox"/>	Provision of transportation for carrying students to and from vaccination venues
<input type="checkbox"/>	Others (please use additional sheet where necessary): _____ _____

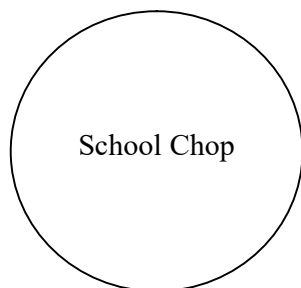
2. As at 31 August 2023, the Special Anti-epidemic Grant

is fully depleted.

has a balance of \$ _____.

I confirm that:

- (a) our school will keep separate ledger account to properly record all income and expenditure of the Grant. All books of accounts, receipts, payment vouchers and invoices will be kept for at least 7 years by the school for accounting and auditing purposes. If the actual balance of the annual audited accounts does not match the above, the school will notify the EDB as soon as possible to follow up; and
- (b) if our school fails to provide relevant documents for EDB's checking and inspection when requested, or uses the grant outside the scope of those designated by the EDB, the amount of the Grant received will be fully returned to the EDB.



English Name of the School
(Identical to the chop) : _____

Signature of the Supervisor : _____

Name of the Supervisor : _____

Contact no. of the Supervisor : _____

Date : _____