Supply Teacher's Receipt

<u>Section A (To be completed by the school)</u>
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I confirm that I have received the above sum (Section A (7)).

(1) Name of supply teac	her							
(2) Date	From	From to						
Please mark the day(s)		supply	teacher l	nas actua	lly work	and note t	the school/publ	
Week Date St		Tue	Wed	Thu	Fri	Sat	Remarks	
(4) No. of working days								
(5) Rate per day	\$	\$						
(6) MPF subsidy*	\$	\$						
(7) Total Amount	\$							
or supply period less than 6 pporting information.						ontribute to N	MPF, please provi	
ertify that the amount pay	able to the ab	ove supp	oly teache	r is corre	ct.			
	S	Signature of School head:						
School Chop	N	Name of School:						
Chop	/ _D	ate ·						

Signature: