(Please complete Part I, II, III)	_	
Original Copy Only		Application No :
Original Copy Only		(For Official Use Only)
Part I		
	C.Y.C. Activities	
<u>Applicatio</u>	on for Reimbursemen	t of Expenses
	(NAME OF SCHOOL	<u>,,,</u>
	•	,
		was spent within the approved amount by
(No.) participants for		
	· · · · · · · · · · · · · · · · · · ·	tated hereunder *and/or overleaf have been
incurred solely upon the above activity	and actuarry pard by	Claimant in Part II.
2. Please pay HK\$	to the accou	nt title below by crossed cheque through
registered post. Other particulars are a		in the below by crossed eneque through
registered post. Other particulars are t	at 17 HC1 11 & 111.	
School		
Chop :	Signature	:
		(Head of School)
Tel. :	Name	:
· ·		•

(IN BLOCK LETTER)

<u>Part II</u> (To be completed by claimant) Name of Claimant in English

Name of Claimant in English

Date

Name of School (If d	Cidillianit)			

Address:
Number and Name of Street

District

NOTE: 1. Supporting bills (originals) pasted in A4 paper for items above should be attached to

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

this form.

- 2. All bills must be certified correct by the Principal.
- 3. This form must be completed with original signature and school chop and forwarded to the Community Youth Club Office, Education Bureau, Room 1141, 11/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong

(Please see overleaf)

Part	T	H
1 ait		u

**Original Copy Only** 

Application No:	
	(For Official Use Only)

Item	Date	Particular	Amount	
1				
2				
3				
4				
5				
6				
7				
8				
9				
_				

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## NOTE:

- 1. Supporting bills (original) pasted in A4 paper for items above should be attached to this form.
- 2. All bills must be certified correct by the Principal.
- 3. This form must be completed with original signature and school chop and forwarded to the Community Youth Club Office, Education Bureau, Room 1141, 11/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong