

Original Copy Only

Application No : _____
(For Official Use Only)

CYC Activities
Application for Reimbursement of Expenses

(NAME OF SCHOOL)

2. Please pay HK\$_____ to the account title below by crossed cheque through registered post. Other particulars are at PART II & III.

School chop : _____	Signature : _____ <div style="text-align: center;">(Head of School)</div>
Tel. : _____	Name : _____
Date : _____	_____ <div style="text-align: center;">(IN BLOCK LETTERS)</div>

Name of Claimant in English

[illegible][illegible]

Number and Name of Street

[illegible][illegible]

NOTE:

1. This form must be completed with original signature and submitted to the Community Youth Club (CYC) office by post (Room 1141, 11/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong) or via the Electronic Form Submission System (<https://eformss.edb.gov.hk/>) > E-FORMS APPLICATION > 105. Submitting Document(s) to the EDB > CYC Activities Application for Reimbursement of Expenses).
2. Supporting bills (originals) should be attached to this form, and submitted to CYC office by post.
3. All bills must be certified correct by the School Head and stamped with the school chop.

(Please see overleaf)

Part III**Original Copy Only**
 Application No : _____
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Item	Date	Particular	Amount	
1				
2				
3				
4				
5				
6				
7				
8				
9				

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