

**Funding Scheme for Children's Well-being and Development –  
Special Call for Projects on Promotion of Child Protection in  
Ethnic Minority Communities**

**Financial Report**

Points to note when preparing the financial report:-

1. All receipts are to be properly fixed on A-4 sized paper for easy record and certified by either the officer-in-charge of the project or the authorised person of the funded organisation and stamped with the funded organisation's chop as per **Appendix I to Annex E**. The name and signature should be the same as those provided in the funding application form.
2. For payment of honorarium to a guest/speaker/instructor who has not provided an official receipt, a confirmation of his/her receipt of the payment by showing his/her full name in block letters, Hong Kong Identity Card number (English alphabet and the first 3 digits) and signature is required as per **Appendix II to Annex E**.
3. For payments below \$500 made without official receipts, cash disbursement slips can be used in lieu of receipts. However, the name (in block letters), signature and Hong Kong Identity Card number (English alphabet and the first 3 digits) of the person who made the payment, date of payment and a breakdown of the expenditure must be provided on the slip as per **Appendix III to Annex E**.
4. For reimbursement of food and beverage expenses to performers, guests and volunteers, please show their confirmation of receipt in a table as per **Appendix IV to Annex E**. Claimants should provide relevant receipts before reimbursements are made.
5. For payments made to volunteers for reimbursement of travelling expenses, details must be given as per **Appendix V to Annex E**.
6. For expenditure incurred for staff directly recruited for the project (including Mandatory Provident Fund contribution) and existing staff working overtime for the project, details must be given as per **Appendix VI to Annex E**.



7. Records relating to items 2 to 6 above should be certified by either the officer-in-charge of the project or the authorised person of the funded organisation and stamped with the chop of the funded organisation.
8. For projects with total approved funding amount not exceeding \$100,000, the original copies of all supporting receipts and other proofs of payment should be attached to the financial report.
9. For projects with total approved funding amount above \$100,000, the funded organisation may choose not to submit receipts and other proofs of payment in support of the financial report and auditor's report (i.e. version (i) is selected for item (3) of the first paragraph under "Procedures and Findings" and item (c) of the subsequent paragraph in **Annex J**). In that case, the original copies of all official receipts and other proofs of payment related to the expenditure of the funded project should be kept by the funded organisation properly for seven years after completion of the project for the Commission on Children's inspection as and when necessary. Otherwise (i.e. if version (ii) is selected), all original receipts and other proofs of payment should be attached to the financial report.



**Annex E**

To : Commission on Children Secretariat  
10/F, West Wing,  
Central Government Offices,  
2 Tim Mei Avenue, Tamar, Hong Kong

**Funding Scheme for Children's Well-being and Development (the Scheme) –  
Special Call for Projects on Promotion of Child Protection in  
Ethnic Minority Communities**

**Financial Report**

Project No.:

**Part A : Basic Information**

Name of Organisation	
Title of Project	
Total Approved Funding Amount <sup>1</sup>	
Project Commencement Date (dd/mm/yyyy)	
Project Completion Date (dd/mm/yyyy)	

**Part B : Income and Expenditure (as at \_\_\_\_\_)  
(dd/mm/yyyy)**

(A)	Income	
	Sources other than the Scheme	Amount (\$)
	1. Participants' Fees (if applicable)	

<sup>1</sup> Same as the amount set out in the approval letter. However, if subsequent approval has been obtained from the Commission on Children for adjustment to the total approved funding amount, please fill in the revised figure.



	2. Contribution from the Funded Organisation (if applicable)	
	3. Sponsorship and Donation (if applicable)	
	4. Others (if applicable)	
	Total :	

(B)	Expenditure						
	Item  <i>(Please list out all approved items/sub-items specified in the approved budget)</i>	Receipt Serial No.	Approved Amount <sup>2</sup> (\$)	Actual Expenditure			Remarks <sup>3</sup>
				Amount to be funded by the Scheme (\$)	Amount to be funded by other income source(s) (\$)	Total Amount (\$)	
	For example:						
	1. <b>Publicity</b>						
	1.1 Poster (Activity 1)						
	1.2 Promotional leaflet (Activity 2)						
	2. <b>Printed items</b>						
	2.1 Notes (Activities 1 & 2)						

<sup>2</sup> If approval has been obtained from the Commission on Children for adjustment to the approved amount of an expenditure item, please fill in the revised amount.

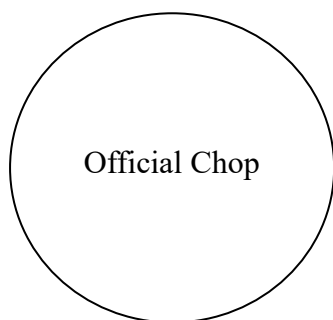
<sup>3</sup> Please provide (i) justification if the actual amount of expenditure being claimed for in respect of an individual item exceeds the approved amount by more than 25% or \$3,000 (whichever is higher) and (ii) details about expenditure incurred under “Contingency” (including usage and justification). The Commission on Children reserves the right to refuse reimbursement of relevant expenses if they are considered not in compliance with the Funding Scheme for Children’s Well-being and Development - Special Call for Projects on Promotion of Child Protection in Ethnic Minority Communities Funding Guidelines.

<b>(D)</b>	<b>Amount of Advance Payment Already Received</b>	\$
<b>(E)</b>	<b>Amount of Reimbursement Applied For [(C) – (D)]</b>	\$
<b>or</b>	<b>Surplus Amount to be Returned to “The Government of the Hong Kong Special Administrative Region” [(D) – (C)]</b>	\$

### Part C : Certification by the Funded Organisation

I certify that:

- (1) the information provided above is correct and other sources of income including sponsorship and donation stated in Part B are complete without any omission;
- (2) the goods purchased have been received in good order and all the services delivered were considered reasonable and necessary to the project, and all expenditures are in compliance with the Funding Scheme for Children’s Well-being and Development - Special Call for Projects on Promotion of Child Protection in Ethnic Minority Communities Funding Guidelines and any other additional conditions as may be prescribed by the Commission on Children in writing;
- (3) the prices quoted and accepted for purchases of goods and services in the project are considered reasonable compared with the market prices; and
- (4) the expenditure listed in Part B is solely incurred for the use of the above mentioned project.



Signature: \_\_\_\_\_

Name of Authorised Person of the  
Funded Organisation / Officer-in-  
charge of the Project: \_\_\_\_\_

Post: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Date: \_\_\_\_\_

## Personal Information Collection Statement

### Purposes of Collection

1. The personal data provided by means of this form will be used by Commission on Children for the purposes of handling matters relating to the Funding Scheme for Children's Well-being and Development as well as promoting children-related activities and public participation in community affairs.

### Classes of Transferees

2. The personal data provided by means of this form may be disclosed to other Government departments, bureaux, and relevant persons and bodies for the purposes mentioned in paragraph 1 above.

### Access to Personal Data

3. The responsible officer(s) of the organisation has/have a right of access and correction with respect to personal data as provided for under the Personal Data (Privacy) Ordinance (Cap. 486). The right of access includes the right to obtain a copy of the data subjects' personal data provided by this form.

### Enquiries

4. Enquiries concerning the personal data collected by means of this form, including access to and correction of the personal data, should be addressed to-

Ms Jeannie LEE  
Commission on Children Secretariat  
Telephone No.: 3655 5853

Appendix I to Annex E

Receipt serial no.

*Sample for Submission of Receipts*

Receipt Serial no.: A1.1

Name & address / tel. no. of supplier

TAI OI STATIONERY  
Tel: 2121-2120 Fax: 2121-2111  
Shop G102, G/F, Tai Hing Centre, Yuen Long

**Official Receipt**

No.: 129012

Red cards 100 pcs

Date (including day, month & year)

Date: 25-8-2025

\$200.00

Total: \$200.00

Invoice will not be accepted

Details of purchase (including a description of item purchased, quantity and amount)

ABC Association

**CM WONG**

Name: Wong Chun Man  
Post: Officer-in-charge of Project  
Date: 30-8-2025

Chopped with official chop of the funded organisation

Certified by either the officer-in-charge of the project or the authorised person of the funded organisation



## Appendix II to Annex E

### Acknowledgement of Receipt of Honorarium

I, \_\_\_\_\_ (in block letters) (ID No. \_ \_ \_ \_xxx[x]), have received HK\$  
from (name of the funded organisation), being the payment  
for \_\_\_\_\_.

Signature : \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix III to Annex E

### Cash Disbursement Slip

I, \_\_\_\_\_ (in block letters) (ID No. \_ \_ \_ \_xxx[x]), certify that HK\$ \_\_\_\_\_ was  
used for the purchase of the following items. No receipt is available for these items.

**Item:**

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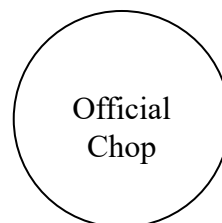
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Signature : \_\_\_\_\_

Date : \_\_\_\_\_



**Appendix IV to Annex E**

<b>Reimbursement of Food and Beverage Expenses to Performers, Guests and Volunteers #</b>				
Name of Recipient (in block letters)	HKID No. (English Alphabet and First 3 Digits)	Date	Amount (\$)	Signature
Total:				

# Please attach relevant receipts

**Appendix V to Annex E**

<b>Reimbursement of Travelling Expenses to Volunteers</b>								
Name of Recipient (in block letters)	HKID No.*	Date	From (Place)	To (Place)	Mode of Transport	Fare (\$)	Purpose (Brief Description)	Signature
Total:								

\* English Alphabet and First 3 Digits

## Appendix VI to Annex E

### Salary, Overtime Allowance and Mandatory Provident Fund (MPF) Contribution

Month/Year: \_\_\_\_\_

Name of Employee (in block letters)	HKID No.*	Post	Tel. No.	Salary/ Overtime Allowance (\$)	MPF Contribution Amount (\$)	Signature
Total:						

\* English Alphabet and First 3 Digits