#### Funding Scheme for Children's Well-being and Development Financial Report

Points to note when preparing financial report:-

- 1. All receipts are to be properly fixed on A-4 sized paper for easy record (recycled paper can be used) 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 <u>Appendix</u> <u>I</u>. The name and signature should be the same as those provided in the project proposal.
- 2. For payment of honorarium to a guest/speaker who may not provide 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 first 3 digits) and signature is required as per *Appendix II*.
- 3. For payments below \$500 made without official receipts, cash disbursement slips can be used in lieu of receipts. However, the name of the receiver/responsible person in block letters, signature, Hong Kong Identity Card number (English alphabet and the first 3 digits), date of payment and a breakdown of the expenditure must be provided on the slip as per *Appendix III*.
- 4. For payment of allowances to performers, guests and volunteers, please show their confirmation of receipt by a table as per *Appendix IV*.
- 5. For claiming travelling expenses of volunteers, details must be given as per Appendix V.
- 6. For payment of salary or allowance to staff directly recruited for the project, details must be given as per *Appendix VI*.

To: Commission on Children Secretariat

10/F, West Wing,

Central Government Offices,

2 Tim Mei Avenue, Tamar, Hong Kong

(Fax: 2523 1973)

### Funding Scheme for Children's Well-being and Development Financial Report

	Project No.:
art A : Basic Information	
Name of Organisation	
Project Name	
Total Approved Funding Amount	
Project Implementation Date	
Project End Date	

(dd/mm/yyyy)

(A)										
		Amount (\$)								
	1.	Participants's Fees (if applicable)								
	2.	Contribution from the Fun	nded Organisat	tion (if applical	ble)					
	3.	Sponsorship and Donation	n (if applicable	e)						
	4.	Others (if applicable)								
					Total:					
<b>(B)</b>										
		Item	Approved	Actual	Receipt	Remarks				
			Budget	Expenditure	Serial					
			Expenditure	(\$)	No.					
			(\$)							

	Total:						
<b>(C)</b>	Total Amount to be met by F	ı's Well-	\$				
	being and Development						
	[(B)-(A)]						

(D)	Amount of Funding Already Received						
	Advance Payment not yet Cleared (if any)	\$					
	Advance Payment Cleared (if any)	\$					
	Total	\$					
(E)	Amount for Application for Reimbursement/Clearance of Advance	\$					
	Payment*						
	Cheque Payable to:						
(F)	Surplus Amount to be returned to "The Government of the Hong	\$					
	Kong Special Administrative Region" [(D) – (C)]						

<sup>\*</sup> delete as appropriate

#### 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 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;
- (4) the expenditure listed in Part B is solely incurred for the use of the above mentioned project.

	Signature:	
	Name of Officer-in-charge:	
Official Chan	Post:	
Official Chop	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 Wellbeing 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.

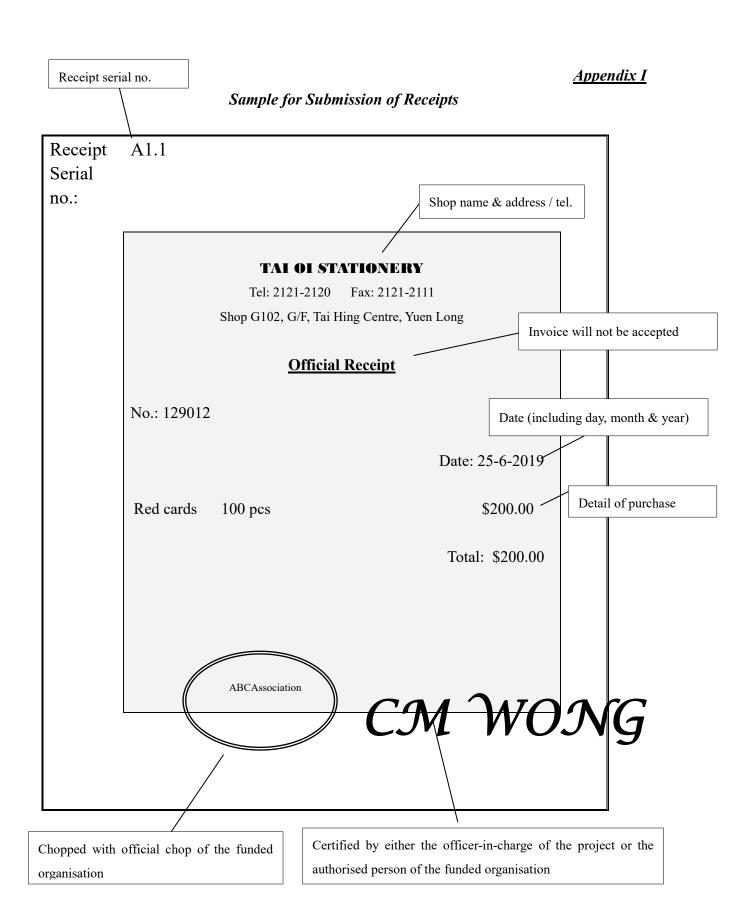
#### Access to personal data

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-

Mr HO Wai-kin						
Commission on Children Secretariat						
3655 4191						
(Telephone No.)						



## Appendix II

Acknowledgement of Receipt of Honorarium	
I,(ID Noxxx[x]), have received HK\$  funded organisation), being the payment for	
Signature: Date:	
	<u>Appendix III</u>
Cash Disbursement Slip	
I, (ID Noxxx[x]), certify that HK\$ purchase of the following items. No receipt is available for these items.	_ was used for the
Item:	
Signature : Official Chop	

# <u>Appendix IV</u>

Acknowledgement of I	Acknowledgement of Receipt of Allowances to Performers, Guests and Volunteers								
Name of Recipient	HKID No.	Date	Amount	Signature					
	(English Alphabet		(\$)						
	and First 3 Digits)								
Total:									

## Appendix V

Reimbursement of Travelling Expenses of Volunteers									
Name of	HKID	Date	From	То	Mode of	Fare	Purpose	Signature	
Recipient	No.*		(Place)	(Place)	Transport	(\$)	(Brief		
							Description)		
	Total:								

<sup>\*</sup> English Alphabet and First 3 Digits

## Monthly Salary and Mandatory Provident Fund (MPF) Contribution

Name of	HKID	Post	Tel. No.	Month/ Year	Salary	Signature
Employee	No.*			(\$)	(\$)	
		_	_		_	

<sup>\*</sup> English Alphabet and First 3 Digits

Name of	HKID	Post	Tel. No.	Month/ Year	MPF	Signature
Employee	No.*			(\$)	contribution	
					amount	
					(\$)	

<sup>\*</sup> English Alphabet and First 3 Digits