

社區投資共享基金資助計劃 - 申請發還年度審計費用表格
CIIF Funded Project - Reimbursement Claim Form for Annual Audit Fee

涵蓋期間 由 _____ 至 _____
Period covered : From : _____ To : _____

受資助者名稱
Name of Grantee : _____

計劃名稱
Project Name : _____

總核准預算 計劃編號
Total Approved Budget : _____ Project No.: _____

本年度申請發還的審計費用
Audit Fee to be Claimed for this year / period : _____

受款人證明
Certification

本人謹此證明以上所匯報的支出均符合對計劃的年度審計所需。
I certify that the charges stated above have been incurred solely for the purposes of the audit of the CIIF funded project

計劃統籌員簽署及機構蓋章
Signature of Project Coordinator and Organisation Chop

計劃統籌員的姓名 (請用正楷填寫)
Name of Project Coordinator : _____ (in block letters)

日期
Date : _____

註: 請夾附上由審計師樓就有關之審計發出之審計報告一份及正本單據, 並於該單據上簽署及蓋章以證明正確無誤。
Note: Please attached the audited account and the original invoice and receipt for the related audit exercise issued by the audit firm.
The invoice and/or receipt must also be certified as correct. The Project Coordinator has to chop and counter sign on them.

For Internal Use 供內部填寫

Recommended Amount: _____ Recommended by : _____ Signature & Date: _____

Approved Amount: _____ Approved by : _____ Signature & Date: _____