

社區投資共享基金資助計劃 - 申請發還年度核數費用表格
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:
Name of Project: _____

計劃總核准預算: _____ 計劃編號: _____
Total Approved Budget for the project: _____ Project No.: _____

申請發還的核數費用金額:
Audit fee to be claimed for this audit 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核數所需。
I certify that the charges stated above have been incurred solely for the purposes of the audit of the CIIF funded project.

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

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

日期:
Date : _____

註:

1. 此表格須連同核數報告、核數費用的正本發票及收據一併提交。發票及收據須由計劃統籌人簽署及受資助者蓋章以證明正確無誤。
2. 核數費用若高於港幣五千元，請同時夾附最少三份書面報價單。除非已獲取基金的事先書面批准，受資助者必須選取定價最低的合資格服務提供者。

Note:

1. Please submit this claim form together with the audited report, original invoice and receipt for the audit exercise. The invoice and receipt should be certified as correct by the Project Coordinator, who chops and signs on them.
2. Please submit no fewer than 3 written quotations together with this claim form for audit fee costing over HK\$5,000. Grantee shall accept the lowest offer unless the CIIF has prior approved in writing.

For CIIF Secretariat Internal Use 供基金秘書處內部填寫

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

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