

社區投資共享基金 - 申請發還核數費用表
Community Investment and Inclusion Fund - Reimbursement Claim Form for Audit Fee

受資助機構名稱:
Name of Grantee: _____

計劃名稱: _____ 計劃編號: _____
Project Name: _____ Project No.: _____

計劃涵蓋時期: _____ 至 _____
Project Period: _____ To _____

核數涵蓋時期: _____ 至 _____
Audit Covering Period: _____ To _____

計劃總核准預算:
Total Approved Budget for the Project: _____

申請發還的核數費用金額:
Audit Fee to be claimed for this Audit Period: _____

受資助機構聲明:
Declaration by Grantee:

本人謹代表計劃受資助機構，證明上述所匯報的費用為計劃的年度核數所需支出。
I hereby certify on behalf of the Grantee that the above audit fee was incurred solely for auditing the project with details shown in above.

計劃統籌人姓名: _____ 職位: _____
Name of Project Coordinator: _____ Position: _____

計劃統籌人簽署: _____ 日期: _____
Signature of Project Coordinator: _____ Date: _____

受資助機構蓋章 Chop of Grantee: _____

註:

- 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。發票及收據必須由計劃統籌人簽署及受資助機構蓋章以証明正確無誤。
- 核數費用若高於港幣五千元，請同時夾附最少兩份以口頭記錄的報價單。除非已獲取基金的事先書面批准，受資助機構必須選取定價最低的合資格服務提供者。

Note:

- Please submit this Form together with the audited report, original invoice and receipt for this audit exercise. The invoice and receipt should be certified as correct by the Project Coordinator, who signs with Grantee's chop on them.
- Please submit at least 2 verbal documented quotations together with this Form for audit fee over HK\$5,000.00. Grantee shall accept the lowest conforming offer unless prior written approval has been obtained from CIIF Secretariat.

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: _____