

**Funding Scheme for Women's Development (Women's Commission Stream)  
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 Appendix I. 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 : Women's Commission Secretariat  
10/F, West Wing,  
Central Government Offices,  
2 Tim Mei Avenue, Tamar, Hong Kong  
(Fax : 2501 0478)

**Funding Scheme for Women's Development (Women's Commission Stream)  
Financial Report**

Project No.:

**Part A : Basic Information**

Name of Organisation	
Project Name	
Total Approved Funding Amount	
Project Implementation Date	
Project End Date	

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

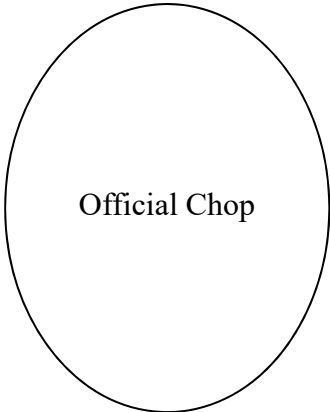
(A)	Income				
	Sources			Amount (\$)	
	1.	Participants's Fees (if applicable)			
	2.	Contribution from the Funded Organisation (if applicable)			
	3.	Sponsorship and Donation (if applicable)			
	4.	Others (if applicable)			
		Total :			
(B)	Expenditure				
	Item	Approved Budget Expenditure (\$)	Actual Expenditure (\$)	Receipt Serial No.	Remarks



**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 Women’s Development (Women’s Commission Stream) Funding Guidelines and any other additional conditions as may be prescribed by WoC 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: \_\_\_\_\_

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 Women's Commission for the purposes of handling matters relating to the Funding Scheme for Women's Development as well as promoting women's development 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 Shirley CHAN

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(Designation of subject officer)

Women's Commission Secretariat

3655 4014

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(Telephone No.)

*Sample for Submission of Receipts*

Receipt serial no.

Receipt Serial no.: A1.1

Shop name & address / tel.

**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

\$200.00

Total: \$200.00

Women Association

*CM WONG*

Invoice will not be accepted

Date (including day, month & year)

Date: 25-6-2018

Detail of purchase

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

**Acknowledgement of Receipt of Honorarium**

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

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

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

Appendix III

**Cash Disbursement Slip**

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

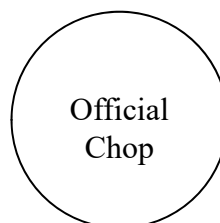
**Item:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name : \_\_\_\_\_

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



**Appendix IV**

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

**Appendix V**

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

\* English Alphabet and First 3 Digits



Monthly Salary and Mandatory Provident Fund (MPF) Contribution

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

\* English Alphabet and First 3 Digits

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

\* English Alphabet and First 3 Digits