

**Women's Commission
Funding Scheme for Women's 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 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, instructors, speakers and guests, 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.
7. Details provided as per Appendix II to Appendix VI must be 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. The name and signature should be the same as those provided in the project proposal.

To : Women's Commission Secretariat
10/F, West Wing,
Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong
(Fax : 2501 0478)

**Women's Commission
Funding Scheme for Women's Development
Financial Report**

Project No.:

Part A : Basic Information

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

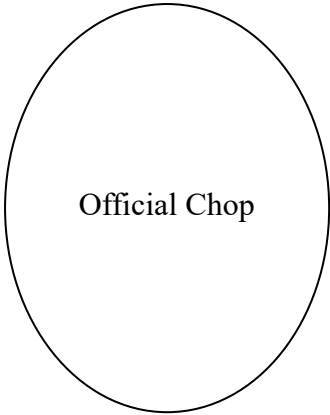
Part B : Income and Expenditure Statement as at _____.
(dd/mm/yyyy)

(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 Women’s Commission Funding Scheme for Women’s Development 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-

Executive Officer (Welfare)2C

(Designation of subject officer)

Women's Commission Secretariat

3655 4014

(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 _____ (_____ hours).

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.

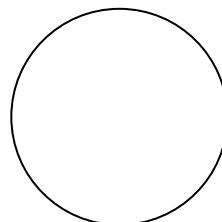
Item:

Signature : _____

Name : _____

Post : _____

Date : _____



Appendix IV

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

Appendix V

Reimbursement of Travelling Expenses of Volunteers								
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

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

* English Alphabet and First 3 Digits

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

* English Alphabet and First 3 Digits