Annex G

**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, 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.

Annex G

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 ($) |
| 1. Participants’s Fees (if applicable) | | | |  |
| 1. Contribution from the Funded Organisation (if applicable) | | | |  |
| 1. Sponsorship and Donation (if applicable) | | | |  |
| 1. Others (if applicable) | | | |  |
| Total : | | | |  |
| **(B)** | **Expenditure** | | | | |
| Item | Approved Budget Expenditure ($) | Actual Expenditure ($) | Receipt Serial No. | Remarks |
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|  | Total : |  |  |  |  |
| **(C)** | **Total Amount to be met by Funding Scheme for Women’s Development**  **[(B) – (A)]** | | | | $ |

|  |  |  |
| --- | --- | --- |
|  |  | |
| (D) | Amount of Funding Already Received | |
| Advance Payment not yet Cleared (if any) | $ |
| Advance Payment Cleared (if any) | $ |
| Partial Reimbursement (if any) | $ |
| Total | $ |
| (E) | Amount for Application for Reimbursement/Clearance of Advance Payment\* | $ |
| (F) | Surplus Amount to be returned to “The Government of the Hong Kong Special Administrative Region” [(D) – (C)] | $ |

\* delete as appropriate

|  |  |
| --- | --- |
| Name of cheque payee organisation: |  |
| Postal address of the funded organisation: |  |

**Part C : Certification by the Funded Organisation**

I certify that:

|  |  |
| --- | --- |
|  | The information provided above is correct and other sources of income including sponsorship and donation stated in Part B are complete without any omission; |
|  | 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. |
|  | the prices quoted and accepted for purchases of goods and services in the project are considered reasonable compared with the market prices; |
|  | 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

1. 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

1. 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

1. 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.) |

***Appendix I***

***Sample for Submission of Receipts***

Receipt serial no.

|  |  |  |
| --- | --- | --- |
| Receipt Serial no.: | A1.1  Shop name & address / tel. | Detail of purchase  Invoice will not be accepted |
| TAI OI STATIONERY  Tel: 2121-2120 Fax: 2121-2111  Shop G102, G/F, Tai Hing Centre, Yuen Long  **Official Receipt**  Date (including day, month & year)  No.: 129012  Date: 25-6-2018  Red cards 100 pcs $200.00  Total: $200.00 |
|  |

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***

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| **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 | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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***Appendix IV***

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| --- | --- | --- | --- | --- |
| **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 |
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| Total: | | |  |  |

***Appendix V***

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

\* English Alphabet and First 3 Digits

***Appendix VI***

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 |
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\* English Alphabet and First 3 Digits

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **MPF Contribution** | | | | | | | |
| Name of Employee | HKID No.\* | Post | Tel. No. | From  (Month/ Year) | To  (Month/ Year) | MPF contribution amount  ($) | Signature |
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\* English Alphabet and First 3 Digits