

Equal Opportunities (Sexual Orientation) Funding Scheme 2018-19
Financial Report

Project no.: S33/2018

Project Name: Equal Opportunities (Sexual Orientation) Education Programme

Income

Phased payment by the CMAB	\$6,720.0
Fees collected from the participants	\$76.0
Sponsorship by own organisation	\$200.0
Others (please specify)	\$0.0
<input checked="" type="checkbox"/> Remainder of the approved sponsorship to be reimbursed	\$11,710.1
<input type="checkbox"/> Balance of the received payment to be returned to the CMAB	
Total:	\$18,706.1

Expenditure

Total:	\$18,706.1
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(Details of Expenditure are listed in the attached list of Activity Expenditure)

Declaration

I hereby certify that the above income and expenditure items are correct and wish to:

- apply for reimbursement of the remainder of the approved sponsorship;
 return the balance of the received payment to the CMAB as follows:-

Total approved sponsorship by the CMAB	\$19,200.0
Phased payment received	\$6,720.0
<input checked="" type="checkbox"/> Remainder of the approved sponsorship to be reimbursed	\$11,710.1
<input type="checkbox"/> Balance of the received payment to be returned to the CMAB	
Total actual sponsorship from the CMAB	\$18,430.1

(Please put a “✓” in the appropriate boxes)

SAMPLE

Activity Expenditure *(Please copy this page if more space is required)*

Description	Approved Sponsorship under the Funding Scheme (\$)	Actual Expenditure (\$)	Receipt Serial No.	Sponsorship by CMAB (\$)	Expenses met by other income (\$)*	Remark <i>(Include justification for the actual expenditure of individual item exceeds the agreed estimated expenditure by more than 20%)</i>
Activity A: Exhibition						
1. Publicity poster (300 pcs)	500.0	488.0	A1.1-A1.3	488.0	-	
2. Venue fee (1 day)	2,000.0	2,000.0	A2.1	2,000.0	-	
3. Printing of worksheet (1,000 pcs)	800.0	675.0	A3.1-A3.8	675.0	-	
4. Game prize (500 pcs)	1,000.0	1,200.0	A4.1-A4.5	1,200.0	-	The no. of participants was more than expected which led to an overspending in this item.
5. Volunteer allowance (20 persons)	400.0	413.6	A5.1-A5.10	413.6	-	
6. Transportation (2 trips)	200.0	200.0	A6.1	-	200.0	Sponsored by own organisation
Sub-total:	4,900.0	4,976.6		4,776.6	200.0	
Activity B: Seminar						
1. Publicity leaflet (300 pcs)	900.0	900.0	B1.1-B1.4	900.0	-	
2. Venue fee (1 day)	1,500.0	1,100.0	B2.1	1,100.0	-	Discount offered by the venue owner
3. Speaker allowance (3 persons)	1,500.0	1,500.0	B3.1-B3.3	1,500.0	-	
4. Stationery	200.0	316.0	B4.1-B4.12	240.0	76.0	The no. of participants was more than expected which led to an overspending in this item; \$76 to be covered by the fees collected from the participants.
Sub-total:	4,100.0	3,816.0		3,740.0	76.0	

SAMPLE

Activity Expenditure *(Please copy this page if more space is required)*

Description	Approved Sponsorship under the Funding Scheme (\$)	Actual Expenditure (\$)	Receipt Serial No.	Sponsorship by CMAB (\$)	Expenses met by other income (\$)*	Remark <i>(Include justification for the actual expenditure of individual item exceeds the agreed estimated expenditure by more than 20%)</i>
Activity C: Publication						
1. Layout design	3,000.0	2,500.0	C1.1	2,500.0	-	The no. of interview and the information collation work were more than expected. Therefore, an overspending in this item was resulted.
2. Printing of publication (800 copies)	5,000.0	5,000.0	C2.1	5,000.0	-	
3. Transport subsidies for researcher (20 persons)	700.0	900.0	C3.1-C3.5	900.0	-	
4. Postage (800 pcs x \$1.4)	1,120.0	1,120.0	C4.1-C4.2	1,120.0	-	
5. Stationery	380.0	393.5	C5.1-C5.16	393.5	-	
Sub-total:	10,200.0	9,913.5		9,913.5	-	
Total:	19,200.0	18,706.1		18,430.1	276.0	

* "Other income" refers to all sources of income other than the sponsorship by the CMAB. It should include the fees collected from the participants, sponsorship by organisation and others.

SAMPLE

Reimbursement

- Please arrange payment of the remainder of the approved sponsorship to the following organisation by a crossed cheque payable to:-

Association for the Promotion of Equal Opportunities for Sexual Minorities

- I attach a cheque in an amount of HK\$ _____ payable to “**The Government of the Hong Kong Special Administrative Region**”.

(Please put a “✓” in the appropriate box)

Name: CHAN Tai-man * (Mr/~~Ms~~) Post title: Service Supervisor

Contact tel. no.: 2345 6789 Mobile phone no.: 9987 6543 Fax no.: 2234 5678

Date: 27.1.2019 Signature: *TMChan*

Name of organisation: Association for the Promotion of Equal Opportunities for Sexual Minorities

Address: 3/F, Happy Building, 3 Happy Road,
Tsim Sha Tsui, Kowloon

Association for the Promotion
of Equal Opportunities for
Sexual Minorities

(Organisation chop)

* Please delete as appropriate

Points to Note:

- (1) Each expenditure item must be supported by the original receipts. Cash memos are also accepted.
- (2) Invoices, debit note, delivery notes or quotations are not regarded as proof of payment.
- (3) All receipts should be numbered and affixed to A4 paper (reusable paper may be used) in order. For a project with two activities or more, the receipts should be numbered as A1.1, A1.2, A1.3...; B2.1, B2.2...; and so on and so forth. If the receipts can be fading easily, photocopies of the receipts shall be submitted together with the original receipts.
- (4) Each page of the receipts should be signed by the Officer-in-charge of the organisation or the Project Co-ordinator, and stamped with the organisation chop. Below is a sample –

A1.1

CHI WAI STATIONERY
Tel: 2549-7854
2B, 3/F, Yau Oi Centre, Tuen Mun.

Official Receipt

No. 326578 12:22 2-8-2018

White Card	50 pcs	\$100.00
Marker	5 pcs	\$30.00

Total: \$130.00

Association for the Promotion of Equal Opportunities for Sexual Minorities

TMChan

Receipt serial no.

Shop name & address / tel.

Invoice will not be accepted

Date (including day, month and year)

Details of the purchase

- (5) The name and address of the company providing goods or services, details of the purchase and its purpose, purchase date (including day, month and year) and the amount of expenditure, etc. should be shown on the receipts submitted. For those receipts with illegible words, please write the words out in block letters in the space next to the receipts.

- (6) For those receipts showing just the amount of expenditure (e.g. receipts from supermarkets) or the invoice number, please specify in the space next to the receipts the details of the purchase and its purpose. The receipts should be submitted together with the invoices.
- (7) On rare occasion where no receipt is really available (e.g. a purchase from the market), items concerned should all be detailed on a separate sheet (including the name and address of the company, details of the purchase and its purpose, purchase date including day, month and year, and the amount of expenditure) and certified either by the Officer-in-charge of the organisation or the Project Co-ordinator with the inclusion of the following statement –

“I certify that HK\$_____ was used for the purchase of the above/ following items used for the _____ (name of project/event). No receipt is available for these items.”

Signature: _____

Name: _____

Organisation Chop: _____

Date: _____

- (8) For payment to services provided by an individual who may not have an official receipt, a confirmation of his receipt of the payment by showing his full name, ID card no., signature, details of service and date as follows is required –

“I, CHEUNG Siu-ming (ID card no. GXXX), have received HK\$300 from organisation X, being the payment for the rental charges of a set of slides from 1 to 31 August 2018.”

XXX

(CHEUNG Siu-ming)

Date: _____

- (9) For payment involving the same service provided by a number of individuals, e.g. volunteers, please show their confirmation of receipt of the payment by a table as below –

Acknowledgement of Receipt of Volunteer Allowances for the service provided on the Video Showing Night on 30 Sep 2018			
Name of Recipient	ID card no.*	Amount (\$)	Signature

- (10) Travelling expenses may be reimbursed only if they arise directly from the project and only if the form of transport used is the cheapest available on each occasion. For claiming travelling expenses, details must be given as follows –

Name of Recipient	ID card no.*	From (Place)	To (Place)	Date	Mode of Transport	Fare (\$)	Purpose (Brief Description)	Signature

- (11) Taxi fares will be reimbursed only in exceptional circumstances. Claimants are required to explain in writing the reasons for using taxis instead of other forms of public transport. Receipt must be attached and details should be given using the table in point (10) above.
- (12) If a particular receipt involves only partial sponsorship, please specify by stating, for example, “*Only HK\$300 out of HK\$500 is sponsored by the Constitutional and Mainland Affairs Bureau*”, to facilitate the checking of the account statement.

* Only the first four digits of the ID card number is required. (For example: A123)