

## Miscellaneous Expenses Claim Form

### Notes

1. I have read and understand the Regulation Governing Conflict of Interest in the Staff Handbook which is available at the University website. As a person involved in and/or approving this transaction, I confirm that I do not have conflict of interest, whether actual, potential or perceived one, in the transaction under consideration; and shall declare once I am aware of any conflict of interest situation. I acknowledge that it is my responsibility to declare immediately if there is any actual, potential or perceived conflict of interest; and I shall not knowingly provide false information or withhold any material information in relation to this declaration. I also understand that if I fail to comply with the above, I may be subject to disciplinary action of the University and/or prosecution.
2. A claimant who fails to comply the Regulation Governing Conflict of Interest in the Staff Handbook, and/or knowingly gives false information or withholds any material information renders himself/herself liable to refund to the University any or all the amount claimed.
3. If a claimant requests the University to pay on his/her behalf in the first instance, any excess over his/her entitlement will be automatically recovered from is/her salary, if applicable.
4. The information a claimant provides in this form will be used to facilitate the process of his/her claim or a directly-related purpose in the University. It may be provided to departments/offices/centres/units, and/or any other internal/external bodies, where applicable, authorized to process the information for purposes relating to the collection of such information.

### To: Director of Finance

1. _____ (Full Name)	Staff No. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>
Department _____	Post _____
Tel. (ext.) _____	Email Address _____

2. I wish to claim for HK\$ \_\_\_\_\_ Charge account

3. The reason, authority and details for incurring the expenses are provided below:

4. ☐ Please pay the company directly. A total of \_\_\_\_\_ invoice(s) is/are attached.  
☐ Please reimburse me by payment into my bank account. A total of \_\_\_\_\_ receipt(s) is/are attached.  
(Please tick (✓) as appropriate)

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Signature of User: \_\_\_\_\_ Date: \_\_\_\_\_  
(Only applicable to user involved in the process of direct purchase) (Name: \_\_\_\_\_ )

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
\*HoU / Purchasing Delegate / Principal Investigator  
(Name: \_\_\_\_\_ )

\* Delete as appropriate