**Reimbursement Form for**

**Sponsorship to attend Overseas Conference**

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

To: Dr. Wai-lam Law, Treasurer, Hong Kong Thoracic Society

C/o Ms. Melissa Man-ching Leung, Clerical Support, Hong Kong Thoracic Society

I have attended (name of conference) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ held in (City, Country) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from (date) \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_. I would like to apply for the reimbursement of the expenses related to attending the conference from the HKTS Limited subject to final discretion of the Council.

I hereby submit the following documents for the purpose of reimbursement (please check all relevant boxes in column A - C):

1. I have NOT received any honoraria / benefits from the Conference Organizer.

 I have received honoraria / benefits from the Conference Organizer. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I have attached original receipt for return airfare in economic class. HKD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I have attached original receipt for hotel accommodation of \_\_\_\_\_\_\_ nights. HKD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I have attached original receipt for registration fees. HKD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. I have attached copy of certificate of attendance.

Total amount claimed for reimbursement (ie B – A): HKD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:** Please provide bank statement / relevant document on conversion of foreign currency to HKD, please allow 2 decimal places (eg HKD 2,135.17).

I declare that the information stated above is accurate and true to the best of my knowledge. Thank you for your attention.

Best Regards,

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

Signature Account Name (in block letters) Mailing Address