

## HONG KONG THORACIC SOCIETY (LIMITED)

香港胸肺學會(有限公司)

## Reimbursement Form for Sponsorship to attend Overseas Conference

Date:						
To:		Dr. Macy Lui, Treasurer, Hong Kong Thoracic Society C/o Ms. Melissa Man-ching Leung, Clerical Support, Hong Kong Thoracic Society				
l ha	ave	attended (name d	of conference)		held in (City, Country)	
			from (date)	to	I would like to apply for the	
		rsement of the e	•	nference from the	Hong Kong Thoracic Society Limited	
	ereb C):	y submit the follo	wing documents for the purpose of re	imbursement (plea	ase check all relevant boxes in column	
A.		□ I have NOT received any honoraria / benefits from the Conference Organizer.				
		I have received honoraria / benefits from the Conference Organizer. Please specify:				
В.		I have attached	original receipt for return airfare in ed	conomic class. HK	D	
		I have attached	l original receipt for registration fees. I	HKD		
C.		I have attached	copy of certificate of attendance.			
		☐ Certificate of attendance is not available.				
			The organization does not provide □		ecify	
		□ Letter of se	lf-declaration of attendance is attache	d		
Tot	al ar	mount claimed for	reimbursement (ie B – A): HKD			
NO	TE:	Please provide b	oank statement / relevant document o	n conversion of fo	reign currency to HKD, please allow 2	
ded	cima	l places (eg HKD	2,135.17).			
l de	eclar	e that the informa	tion stated above is accurate and true	to the best of my ki	nowledge. Thank you for your attention.	
Bes	st Re	egards,				
Signature		ure	Account Name (in block letters)	 	ling Address	

The completed reimbursement form should be sent to Ms. Leung Man Ching Melissa by email: <a href="https://doi.org/ncient/bursement-ncient/burs

or by fax: 2785 3832 within 2 months after attended the conference.