1. **Statement of Salary and Mandatory Provident Fund Payment**

|  |  |
| --- | --- |
| Project No. :： |  |
| Project Name : |  |

**Salary Breakdown**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Staff Name | ID Card No.(First 4 Digits) | Tel. No | Month/Year ($) | Month/Year ($) | Month/Year ($) | Total Claimed ($) | Acknowledgedreceipt bystaff |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Total : |  |  |  |  |  |

**MPF Breakdown**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Staff Name | ID Card No.(First 4 Digits) | Tel. No | Month/Year ($) | Month/Year ($) | Month/Year ($) | Total Claimed ($) | Acknowledgedreceipt bystaff |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | Total : |  |  |  |  |  |

**Statement of Payment to Volunteers**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Project: |  | Project Number: |  |
| Date of Implementation: |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name of Volunteer****(Same as HKIC)** | **HKIC No.****(First four digits)** | **Telephone No.** | **Name of Organisation****(if applicable)** | **Purpose of** **Expenses Note 1** | **Amount Claimed Note 2****($)** | **Acknowledged Receipt by Volunteer Note 3** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
|  |  |  |  |  | **Total:**  |  |  |

Note 1: When claiming for travelling expenses, please specify the date and means of public transportation (e.g. bus/van).

Note 2: The amount claimed must be expenses entirely and actually incurred by the volunteers for the purposes stated in the “Purpose of Expenses” column for implementation of the above-mentioned project.

Note 3: By signing here, the volunteer acknowledges receipt of the amount claimed and confirms that (i) all the information concerning him/her and the amount and purpose of the expenses claimed by him/her is true and accurate, and (ii) the expenses claimed were entirely and actually incurred by him/her for the purpose stated for implementation of the project. The volunteer also understands that the Government reserves the right to seek recovery of any money overpaid or incorrectly claimed as a civil debt due to the Government, without prejudice to its other rights and remedies.

I hereby declare that all the information given above is true and accurate and the expenses claimed were entirely and actually incurred for the designated purposes for implementation of the above-mentioned project.

Official Chop

|  |  |  |
| --- | --- | --- |
| Signature of Authorised Person of Grantee\* | : |  |
| Name of Authorised Person of Grantee\* | : |  |
| Name of Grantee\* | : |  |
| Date | : |  |

\* “Grantee” in this form refers to the recipient of Community Involvement fund.

Purposes of Collection

1. The personal data provided by means of this form will be used by Home Affairs Department for the purposes of handling matters relating to the use of Community Involvement fund as well as promoting community involvement 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 District Secretary of Wan Chai District Office (Tel. No.: 2835 2005).