

Record of Payment to Volunteers

Name of Project: _____ Project No.: _____

Date of Implementation: _____

	Name of Volunteer (must be the same as shown on HKIC)	HKIC No. (First 4 digits)	Tel. No.	Name of Organisation (if applicable)	Purpose of Expenses^{Note 1}	Time	Amount Claimed^{Note 2} (\$)	Acknowledge ment Receipt by Volunteer^{Note 3}
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

16								
17								
18								
19								
20-								

Total:

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

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 claimed 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.

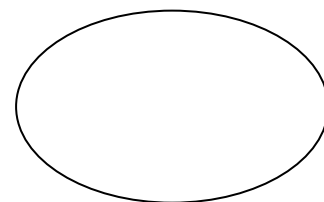
I hereby declare that all the information given above is true and accurate and the expenses claimed were entirely and actually incurred by the volunteers for the designated purposes for implementation of the above-mentioned project.

Signature of Authorised Person of
Grantee* :

Name of Authorised Person of Grantee* :

Name of Grantee* :

Date :



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* "Grantee" in this form refers to the recipient of Community Involvement (CI) fund.

Purposes of Collection of Personal Information

1. The personal data provided by means of this form will be used by the Home Affairs Department for the purposes of handling matters relating to the use of CI Fund as well as promoting community involvement activities and public participation in community affairs.

Classes of Transferees

2. The personal data provided by means of this form may be disclosed to government departments and bureaux, relevant persons and organisations for the purposes mentioned in paragraph 1.

Access to personal data

3. 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 officer(s)' personal data provided by this form.

Enquiries

4. Enquiries concerning the personal data collected by means of this form, including the access and corrections, should be addressed to EO(DC) of Islands District Office (Tel. No.: 2852 4297/2852 4317).