

**Remarks:**

- 1) Please fill in participant list in page 3 for group activity.
- 2) For reimbursement, please provide the following:
  - (i) Completion Report and
  - (ii) Original receipt(s)/invoice(s) (should be pasted on A4 paper)

**Morningside College Life Committee**

**Completion Report**

Name of Event	
Date of Event	
Number of Participants	
Name and Student ID for reimbursement	
<p><b>Summary of the event (please include the objectives achieved in not more than 150 words)</b></p>	
<p><b>Describe what you would do differently to improve the event if you were doing it again</b></p>	
<p><b>Other comments (if any)</b></p>	
<p><b>Please also send 2-4 photos with resolution of 5MB or above.</b></p>	

***I give Morningside College permission to use and/or publish the content and/or photos that I submitted in this report.***

Financial Statement

Expenditure

Category	Receipt/Invoice Reference Number*	Items	Budgeted Expenditure (HKD)	Actual Expenditure (HKD)	Remarks (if any)
eg. Tool					
	<i>Subtotal by Category (HKD)</i>				
eg. Meal					
	<i>Subtotal by Category (HKD)</i>				
eg. Equipment					
	<i>Subtotal by Category (HKD)</i>				
<i>Total (HKD)</i>					
<i>Total Reimbursement Amount (HKD)</i>					

\*Please assign sequential reference number on the right hand corner of each supporting receipt/invoice.

Submitted by		
Contact Information	Email	
	Phone	
Submission Date		

**Participant List (for group activity)**

	Student Name	Student ID	Non-MC Students*	Money collected
			please ✓ as appropriate	
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Remarks (if any):

\* Please be reminded to collect all cost involved of the activity from Non-MC students unless otherwise specified.