

***Remarks:***

1. ***Please fill in participant list in page 3 for group activity.***
2. ***For reimbursement, please provide the following:***
3. ***Completion Report and***
4. ***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** |  |
| **Summary of the event*****\*please include:******- Date******- Venue******-No. of attendees******- Highlights of event******- Objectives achieved******in paragraph with around 150 words*** |  |
| **Describe what you would do differently to improve the event if you were doing it again** |  |
| **Other comments** **(if any)** |  |
| **Please also send 2-4 photos with resolution of 5MB or above.** |
|[ ]  ***I give Morningside College permission to use and/or publish the content and/or photos that I submitted in this report.***

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date:** |  |

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| **Financial Statement** |
|  |
| **Expenditure** |  |  |  |  |  |  |
| **Category** | **Receipt/Invoice****Reference Number\*** | **Items** | **BudgetedExpenditure(HKD)** | **ActualExpenditure(HKD)** | **Remarks (if any)** |
| **eg. Tool** |   |   |   |   |   |
|   |    |   |   |   |
|   |   |   |   |   |
|  ***Subtotal by Category (HKD)***  |  |  |   |
| **eg. Meal** |   |   |   |   |   |
|  |  |  |  |  |
|  |  |  |  |  |
|  ***Subtotal by Category (HKD)***  |  |  |   |
| **eg. Equipment**  |   |   |   |   |   |
|   |    |   |   |   |
|  |  |  |  |  |
|  ***Subtotal by Category (HKD)***  |  |  |   |
|  |  |  | ***Total (HKD)*** |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | ***Total Reimbursement Amount (HKD)*** |  |  |
| **\*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. |