

***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** | | **Budgeted Expenditure (HKD)** | **Actual Expenditure (HKD)** | **Remarks (if any)** |
| **eg. Tool** |  |  | |  |  |  |
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|  |  | |  |  |  |
| ***Subtotal by Category (HKD)*** | | |  |  |  |
| **eg. Meal** |  |  | |  |  |  |
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|  |  | |  |  |  |
| ***Subtotal by Category (HKD)*** | | |  |  |  |
| **eg. Equipment** |  |  | |  |  |  |
|  |  | |  |  |  |
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| ***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.** | | | | | | |

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| --- | --- | --- |
| **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. | | | | |