

THE HONG KONG POLYTECHNIC UNIVERSITY
DEPARTMENT OF APPLIED SOCIAL SCIENCES

Fieldwork Travelling Claims for the Month of (_____)

For Office Use:
Received from APSS the amount of \$ _____ on _____ Signature _____

The information you provide in this form and subsequently in the event of this form being either processed or given further effect will be used for the purposes of estimation and preparation of claims / subsidies / allowances. The completion of all the fields of the form is obligatory. Failure to complete one or more of the fields may cause delay in payment. The information you provide in this form may be disclosed to other departments or units within the University for one or more of the purposes specified above or a purpose that is directly related to any such purpose or purposes. You have the right to request a copy of your personal data held by the University and to request the correction of any inaccuracy in the copy of personal data is provided to you in accordance with the Personal Data (Privacy) Ordinance and subject to the data privacy policy and administrative requirements of the University. Any such enquiry should be made to Department Personal Data Officer, Department of Applied Social Sciences, The Hong Kong Polytechnic University, Hung Hom, Kowloon.

Name of Student:		
Programme:	Mode:	Year:
Nature of Placement: Concurrent / Block		
Address:		
Tel. no.: (R)	(O)	

Name of Agency:
Address:

Home to Office Claims

<i>Dates</i>		
<i>Amount to be claimed for each fieldwork day</i>	\$	
<i>Total</i>	\$	$x \text{ days} =$ \$

Signature of student _____
 Name of Supervisor / Fieldwork Coordinator _____
 Signature of Supervisor / Fieldwork Coordinator _____
 Date _____

Approval by _____
 Head of Department (APSS) /
 Delegate
 Date _____