

THE HONG KONG POLYTECHNIC UNIVERSITY
DEPARTMENT OF APPLIED SOCIAL SCIENCES

Project Expenses Claim Form

Programme : _____ Ref. Approval dated : _____
 Mode : _____ Year : _____
 Name of Project : _____
 Agency/Unit : _____
 Project Period : _____

Item	Amount	Voucher No. (For Office Use)
TOTAL		

Submitted by : _____ Signed : _____
 (Name of Student)
 Student No. : _____ Student Tel. No.: _____
 Counterchecked by : _____ Signed : _____
 (Member of Staff)
 Approved by : _____ Dated : _____
 (Head of Department)
 Received by : _____ Dated : _____

Note : To be completed in duplicate