

WU YEE SUN COLLEGE
THE CHINESE UNIVERSITY OF HONG KONG

Teachers and Undergraduate Students Interaction Scheme
Reimbursement Claim Form 2026/27

Payee Name: _____ (Staff ID: _____ <i>If different from below</i>)			
Paid by: ☐ Bank auto-pay ☐ Bank Transfer (Bank Name: _____ A/C No. _____)			
Personal Particulars			
Name of applicant: _____			Contact No.: _____
Department / Unit: _____		Staff ID: _____	
Email: _____		Student ID (<i>Resident Tutor only</i>): _____	
Details of Expenses			
Date: _____	Amount: HK\$ _____	Venue: _____	
CUHK Staff Member(s): _____	Student(s): _____	Resident Tutor(s): _____	
Spouse/Children/Others: _____	Total no. of participants (<i>Including Applicant</i>): _____		
Name of each student present <i>(Please attach separate sheet if necessary)</i>		Major	Year
			Wu Yee Sun College Student (Please "✓")
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
Name of each other CUHK Staff Member or Resident Tutor present / Others <i>(Please attach separate sheet if necessary)</i>		Department / Unit	Post

Remarks: (1) Please attach **ORIGINAL RECEIPTS**

(2) Please submit this form to College Office, Wu Yee Sun College no later than **15 June 2027**.

Please declare "✓" and sign.

- ☐ I certified that the ordered goods or services (if any) have been received in good order.
- ☐ The Invoice(s)/Receipt(s) is(are) in the format in which it was originally generated, sent or received, or in a format which can be demonstrated to represent accurately the information originally generated, sent or received.
- I declare that the payment/reimbursement request is the only request and no request has been/will be made from other funding sources
- ☐ I certified that all information given above is accurate and complete and the expenses are in compliance with the guidelines of the Scheme.

Applicant's Signature: _____

Endorsed by College Master: _____

Date: _____

Date: _____

For Office Use:

Amount approved		HK\$	Checked / Approved by Director of Finance
Company Code /	/	%	
Project Code	/	%	
Account Code			
Budget Balance of Applicant: HK\$			Ref: No. WYS2627 -
Checked by	Approved by		