

禁毒基金一般撥款計劃

擬備財務文件工作坊



2018年4月13及17日

大綱

2

1. 禁毒基金程序指引的相關規定
2. 擬備財務文件需注意事項
3. 財務文件範例焦點討論
4. 問答時間

第一部分

禁毒基金程序指引的相關規定

發放撥款安排

發還款項模式
Reimbursement
Mode

或

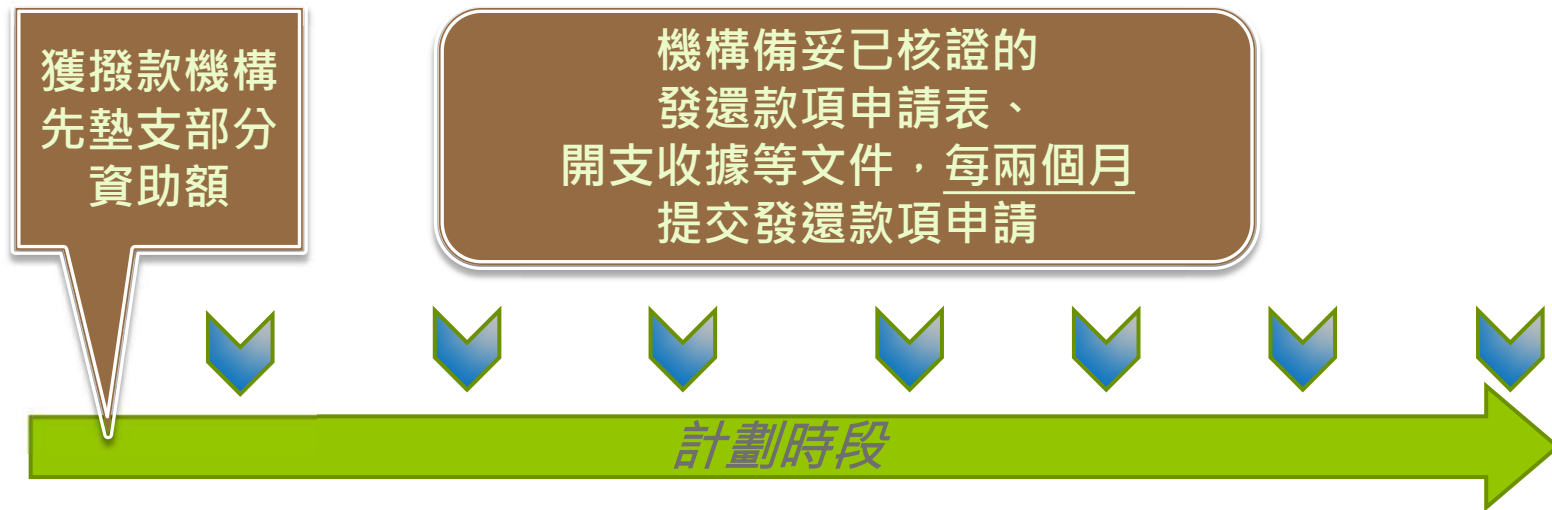
分期發放模式
Instalment
Mode

發放撥款安排

發還款項模式 (Reimbursement mode)

- ❖ 適用於獲批撥款少於50萬元而獲撥款人／機構選擇不聘用核數師的項目

發放撥款安排 - 發還款項模式



如秘書處滿意機構恪守撥款條件，
會安排款項經庫務署發還予機構。

發放撥款安排

分期發放模式 (Instalment mode)

- ❖ 適用於獲批撥款**少於50萬元**而獲撥款人／機構**選擇聘用核數師**的項目；
- ❖ 以及獲批撥款**50萬元或以上**的項目（**必須聘用核數師**）

發放撥款安排 - 分期發放模式

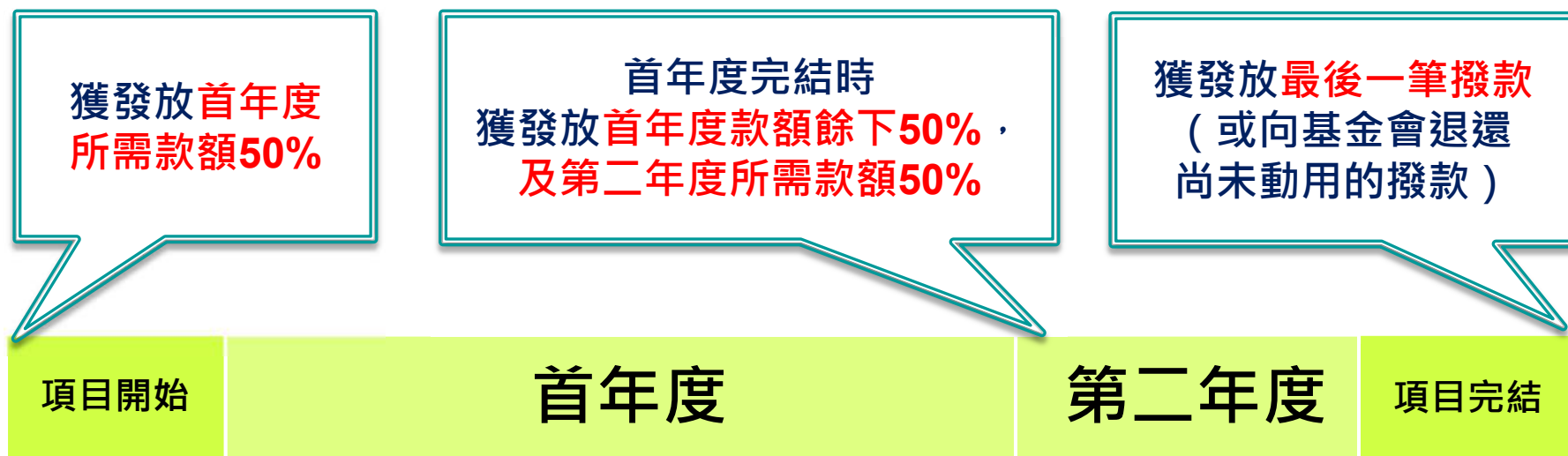
(適用於**2016年度或以前**，即**2017年2月或以前**獲撥款的項目)



發放撥款安排 - 分期發放模式

(適用於**2017年度**，即**2018年2月**獲撥款的項目)

如項目為期少於18個月



獲撥款人 / 機構
按時提交：

進度報告
(每半年 / 季及按
基金會秘書處要求)

年度「經審計
帳目」

最終「經審計帳目」
和詳盡報告
(項目完結時) 9

發放撥款安排 - 分期發放模式

(適用於**2017年度**，即**2018年2月**獲撥款的項目)

如項目為期18個月或以上

新安排

獲發放**首年度**
所需款額**100%**

首年度完結時
獲發放**第二年度**
所需款額**50%**

其後每年度完結時
獲發放**上一年度款額**
餘下**50%**，及**下一年度**
所需款額**50%**

獲發放**最後一筆撥款**
(或向基金會退還
尚未動用的撥款)

項目開始

首年度

第二年度

其後年度

項目完結

獲撥款人 / 機構
按時提交：

進度報告
(每半年 / 季及
按基金會秘書處要求)

年度「經審計
帳目」

最終「經審計帳目」
和詳盡報告
(項目完結時)

禁毒基金程序指引

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- 撥款須專用於基金會批准的用途
- 在推行計劃時，機構須遵守批准書和承諾書訂明的所有條件
- 機構須審慎地節約運用撥款，以達到核准項目的目標



禁毒基金程序指引

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- 機構須按照基金會批准的

財政預算和分項開支

推行計劃

- 如有更改，必須**事先**取得基金會書面同意

分項開支：5項

<u>Annex III</u>		
	Item	Amount Approved
1	Personal emolument ¹ : 1 full-time Assistant Social Work Officer: \$29,547 per month (first 12 months); \$31,038 per month (subsequent 12 months); and MPF is included in all rates	\$727,020.00
2	Publicity	\$150,000.00
3	Preventive education activities	\$100,000.00
4	Counselling materials and transportation	\$50,000.00
5	External audit fee	\$20,000.00
Total		\$1,047,020.00

Note: (1) The grantee shall observe the maximum headcount, employment period and salary approved. Increment is granted only on satisfactory continuous service.

(2) Photocopiers and personal computers are not supported.

禁毒基金程序指引

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- 獲撥款機構須備存詳細的會計記錄和證明文件(例如單據和發票)，以證明款項如何運用
- 須備存活動收入紀錄，於申請發還款項時把收入（包括利息收入）扣除



禁毒基金程序指引 – 以發還款項模式推行的項目

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- 機構提交發還款項申請表及開支收據時，須一併提交「收支結算表」
(income and expenditure account)

Anti-drug Pioneer Alliance
Project Title: Hong Kong Let's Beat Drugs
Project No.: BDF 159999
Project Period: 1 June 2016 to 28 February 2017

Interim/Final* Income and Expenditure Account

Income		From 1 June 2016 to 28 February 2017	Total Amount Received (HK\$)
Item			
1	Grant from BDF	\$121,532.70	\$121,532.70
2	Programme income	\$1,000.00	\$1,000.00
	Total	\$122,532.70	\$122,532.70

Expenditure		From 1 June 2016 to 28 February 2017	Total Amount Claimed (HK\$)
Item	Amount Approved (HK\$)		
1	Publicity	\$50,000.00	\$50,000.00
2	Preventive education activities (after income)	\$60,000.00	\$56,999.00
3	Transportation	\$5,000.00	\$4,533.70
4	Vocational training	\$10,000.00	\$10,000.00
	Total	\$125,000.00	\$121,532.70

Balance (Amount Approved - Total Amount Claimed) (HK\$): \$3,467.30

禁毒基金程序指引 – 須提交**審計報告**的項目

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- 機構須按年及於項目完成後提交「**經審計帳目**」
(audited account)，內容包括：
 - ✓ 核數師報告 (auditors' report)
 - ✓ 收支表(statement of income and expenditure)
 - ✓ 財務狀況表 (statement of financial position)
 - ✓ 帳目附註 (notes to account)
- 核數師報告須述明機構已符合基金會訂明的撥款條件

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- Appendix IX

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禁毒基金程序指引 – 須提交**審計報告**的項目

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- ❑ 最終「經審計帳目」(final audited account) 須涵蓋**項目開始至結束的整個時期**

Appendix XII

Specimen Auditors' Report on
The Annual/Final Audited Accounts for the Beat Drugs Fund
Projects
- Unqualified Conclusion

[PROJECT REF.]
[PROJECT TITLE]
(Annual Audited Accounts) [FOR THE PERIOD FROM
DD/MM/YYYY [Start date of the Project Year⁴] TO DD/MM/YYYY
[End date of the Project Year] / (Final Audited Accounts) [FOR THE
PERIOD FROM DD/MM/YYYY [PROJECT COMMENCEMENT
DATE] TO DD/MM/YYYY [PROJECT COMPLETION DATE]]

AUDITORS' REPORT TO THE [GRANTEE]⁵

Pursuant to the undertaking made by [grantee] and the conditions of grant for implementation in respect of the captioned project (the "Project") funded by the Beat Drugs Fund (BDF), we have performed a reasonable assurance engagement to report on whether [the grantee] have complied with, in all material respects, the requirements set by the Association (including the requirements to keep proper books and records and to prepare proper [annual/final] audited accounts of the Project for the period from DD/MM/YYYY to DD/MM/YYYY on pages ____ to ____ and all the conditions of grant, as specified in the following documents:

禁毒基金程序指引 – 購置物品及設備 / 僱用服務

(適用於2016年度或以前，即2017年2月或以前獲撥款的項目)

18

5千至1萬元的
單一購置項目
(物品或服務)



取得不少於**3個**
合符要求的書面報價

1萬元以上至10萬元
的單一購置項目
(物品或服務)



取得不少於**5個**
合符要求的書面報價

禁毒基金程序指引 – 購置物品及設備 / 僱用服務

(適用於2016年度或以前，即2017年2月或以前獲撥款的項目)

19

10萬元以上的單一購置項目



邀請不少於5份投標書



採納投標書可毋須徵求基金會批准；
惟機構須於完成投標程序後，隨即向基金會提交
所有投標書和投標價格比較表；
如不採納索價最低的投標書，須提供充足理據

禁毒基金程序指引 – 購置物品及設備 / 僱用服務

(適用於2017年度，即2018年2月獲撥款的項目)

20

採購5千至5萬元的
貨品或服務

已上調



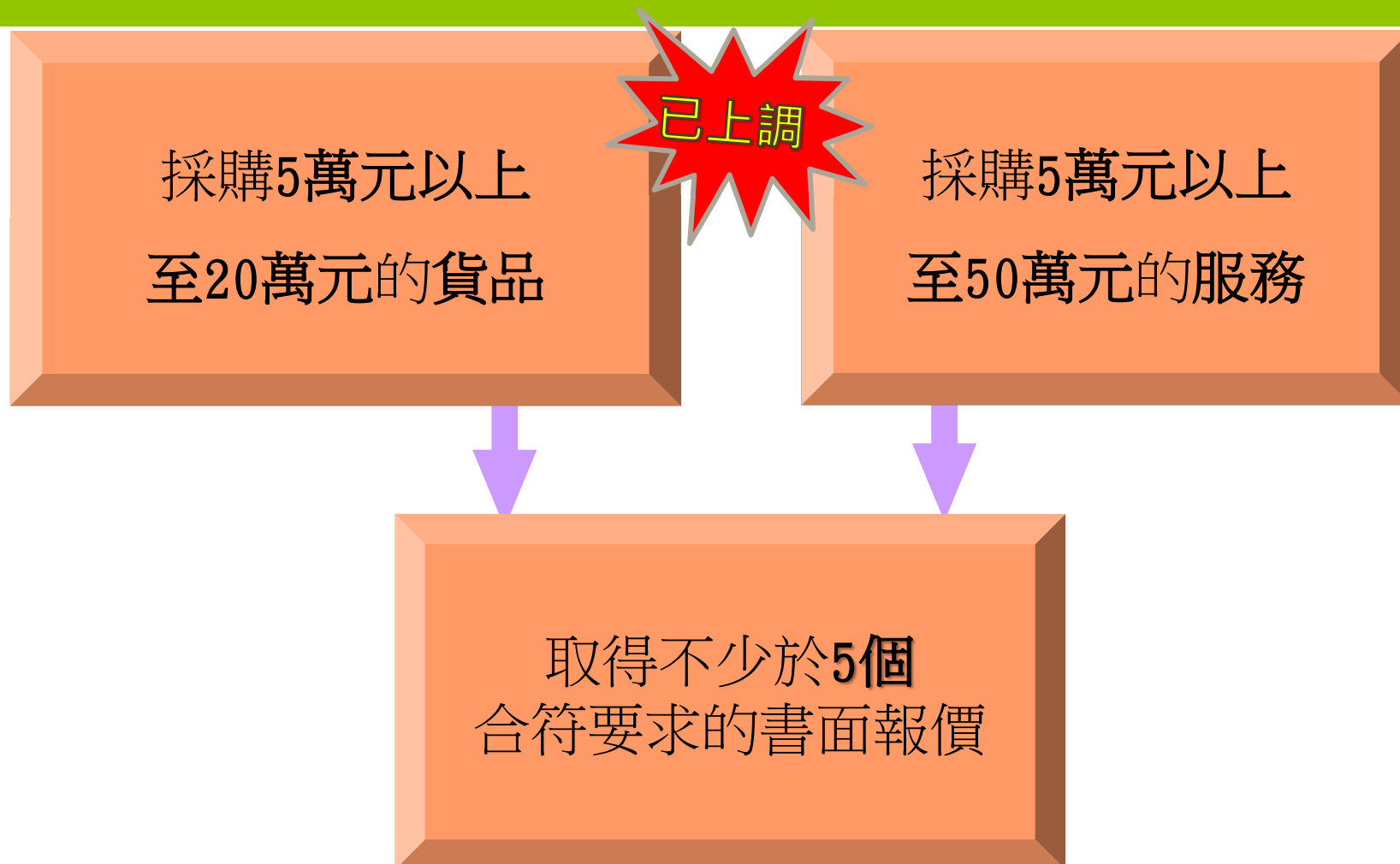
取得不少於2個
合符要求的書面報價

新安排

禁毒基金程序指引 – 購置物品及設備 / 僱用服務

(適用於2017年度，即2018年2月獲撥款的項目)

21



禁毒基金程序指引 – 購置物品及設備 / 僱用服務

(適用於2017年度，即2018年2月獲撥款的項目)

22

採購20萬元以上的貨品

已上調

採購50萬元以上的服務

邀請不少於5份投標書

採納投標書可毋須徵求基金會批准；
惟機構須於完成投標程序後，隨即向基金會提交
所有投標書和投標價格比較表；
如不採納索價最低的投標書，須提供充足理據

禁毒基金程序指引

(適用於2016年度或以前，即2017年2月或以前獲撥款的計劃)

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- 機構應備存記錄冊，記錄獲禁毒基金資助
\$500或以上的固定資產

請注意批准信
及財政預算內的
細則

		Annex III
	Item	Amount Approved
1	Personal emolument ¹ : 1 full-time Assistant Social Work Officer: \$29,547 per month (first 12 months); \$31,038 per month (subsequent 12 months); and MPF is included in all rates	\$727,020.00
2	Publicity	
3	Preventive education activities	\$150,000.00
4	Counselling materials and transportation	\$100,000.00
5	External audit fee	\$50,000.00
		\$20,000.00
	Total	\$1,047,020.00
Note: (1) The grantee shall observe the maximum headcount, employment period and salary approved. Increment is granted only on satisfactory continuous service. (2) Photocopiers and personal computers are <u>not</u> supported.		
99/15 (MT) [BDF 159999]		

禁毒基金程序指引

(適用於2017年度，即2018年2月獲撥款的計劃)

24

- 機構應備存記錄冊，記錄獲禁毒基金資助
\$1,000或以上的固定資產

請注意批准信
及財政預算內的
細則

		Annex III
	Item	Amount Approved
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99/15 (MT) [BDF 159999]		

禁毒基金程序指引

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□ 固定資產記錄冊樣本

Register of Assets for BDF Project No. 159999

Grantee: Anti-drug Pioneer Alliance

Item	Date of Purchase	Price	Brand	Model	Serial No.	No. of Units	Location of Item	Person-in-charge
Camera	30/6/2017	\$5,000	Hello Cameras	HKR D90(B)	8434055, 8434056, 8434507, 8434433, 8434434	5	APA Centre	Lui Ka Ho

第二部分

擬備財務文件需注意事項

擬備財務文件需注意事項

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禁毒基金會表格

- ❖ 收入及支出細項表 (I&E Form)
- ❖ 薪酬記錄 (Form B)
- ❖ 交通支出表格 (Form A)

擬備財務文件需注意事項

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禁毒基金會表格

- ❖ 收入及支出細項表 (I&E Form)
- ❖ 薪酬記錄 (Form B)
- ❖ 交通支出表格 (Form A)

收入及支出細項表

Appendix IX

禁毒基金會 Beat Drugs Fund Association

由撥款人/機構填寫的收入及支出細項表 Particulars of Income and Expenditure Items to be Completed by Grantee

計劃編號
Project No.: 159999

獲撥款人/機構名稱
Name of grantee: Anti-drug Pioneer Alliance

計劃名稱:
Name of project: Hong Kong Let's Beat Drugs

注意: (1)所有適用欄均應填寫。 All the required information in all applicable columns should be filled in.
Note: (2)填寫本表前應先參閱相關的說明。 Guidance notes to completion of this form should be read before completing this form.

獲批准項目名稱 Name of approved cost item (A)	單據編號/Receipt serial number (B)	單據日期 Date of receipt (C)	款項用途、物件/服務/膳食的資料和對照活動的日期 Purpose of expense, description of the programme materials purchased/service obtained/meals served and date of activity (D)	供應商名稱 Name of vendor (E)	受益人數 No. of beneficiaries (F)	數量 Quantity purchased (G)	支出/(收入) Expense / (Income) (H)	用款前已取得足夠數量而符合要求的報價(如適用) Sufficient no. of quotations obtained before procurement (if applicable) (NA/Y/N) (K)	不接納最低報價/沒有足夠報價的理由 Justification for not accepting the lowest offer, or insufficient no. of quotations is obtained (L)
Personal Emolument	(1)-1	2017/05/31	ASWO, Lui Ka Ho	--	--	12 months	\$354,564.00	--	--
Personal Emolument						Sub-total	\$354,564.00		
Publicity	(2)-1	2016/06/13	Logo, Banner and Posters	Link2Sight Design Co.	--	1 logo, 15 banners and 500 posters	\$5,440.00	Y	NA, lowest offer accepted
	(2)-2	2016/06/13	Colour posters	Good View Colour Laser Copy Centre	--	10	\$35.00	NA	
	(2)-3	2016/06/17	Stamps	7-Eleven	--	20	\$34.00	NA	
	(2)-4	2016/06/18	Badges	Pak Ko Ind. Comp.	750	750	\$1,725.00	NA	
Publicity						Sub-total	\$7,234.00		
Preventive education activities	(3)-1	2016/07/08	mini packs of chocolate	Cheong Kee Food Company	80	80 packs	\$960.00	NA	
	(3)-2	2016/07/22	Stationery	Hoi Kee Book Store	50	--	\$300.00	NA	
	
	(3)-43	2016/07/23	Fee collected from ABC小學	ABC小學	--	--	(\$500.00)	NA	
	(3)-44	2016/07/25	Fee collected from DEF紀念小學	DEF紀念小學	--	--	(\$500.00)	NA	
Preventive education activities						Sub-total	\$84,326.10		
Counselling materials and transportation	Form A-Lui Ka Ho (June)	2016/06/28	Transportation	N/A	N/A	N/A	\$85.10	NA	
	
	(4)-9	2016/10/16	Hire of coach to visit DIC	Jackson Coach Hire Service Ltd.	20	1 job	\$1,000.00	NA	
Counselling materials and transportation						Sub-total	\$3,589.50		
External Audit Fee	(5)-1	2017/06/03	Audit for first project year	United Partners CPA Ltd.	N/A	1 job	\$5,000.00	NA	
External Audit Fee						Sub-total	\$5,000.00		
總數 Total							\$454,713.60		

本人茲證明 We certify that:

(1)本人確定所有資料均真確無誤，而所有費用均用於禁毒基金會已批准的用途。

(2)本人確定購物/雇用服務/提供膳食均為必需，及符合計劃實際需要。

(1)We confirm that the information provided above is true and correct and all expenses were incurred under purposes approved by the Beat Drugs Fund Association.

(2)We confirm that the materials purchased/services hired/meals provided are essential for meeting the actual project requirement.



(3) We confirm that procedural guidelines and conditions of grants issued by the Beat Drugs Fund Association have been strictly followed when incurring project expenses.

(4) We are satisfied that in the procurement/hire of service/provision of meals, goods, services and meals are purchased in a competitive and equitable way, the process is transparent, and the purchases represent value for money.

(5) We confirm that reasonable apportionment of expenses, if any, has been made and the apportioned expenses are directly related to the project.

日期Date: 4/6/2017

計劃主管姓名、職銜及簽名
Name, title and signature of the project-in-charge: Felix Wong Tai Ho, Project leader

日期Date: 13/6/2017

獲撥款人/機構高級職員的姓名、職銜及簽名
Name, title and signature of senior officer of the grantee: Elaine Chan Mei Kuen, Director

機構蓋章
Official seal:



填寫表格的說明 Guidance Notes to Completion of the Form

(1) 程序物資包括已包裝食物/飲品、文儀用品、現金卷/書卷、禮品等物件；通常這些物件已現成可用，無需加工。例如：購買小食、紙張、小禮物、郵票。

(2) 備用服務包括設計及印刷、影印、網上服務、導師費、講員費、場地費用、租用旅遊巴、租用器材、承包商服務、訂製的物件。例如速遞服務、輸出海報、興趣班導師、醫生費用。

(3) 每行以一張單據為準。即使一張單據包括多個項目，亦只佔一行。

(4) 同一獲批准項目下的開支細項應以一組按年列出。請不要按月列出開支。

(5) 向參加者徵收的費用，應以獨立一項列明，撥入對應的獲批准項目。如有收費收據，亦應連同其他單據一同提交。

(6) 計劃主管或獲撥款人/機構高級職員應在單據上逐一簽署作實。

(7) 若涉及交通開支(備用服務如租用旅行車等除外)，請同時遞交表格A；員工開支則須同時遞交表格B。

(8) 如向參加者派任何面額的現金卷/書卷，必須保留分發名單記錄。

備註 Remarks:

(A) 根據某毒基金發出的通知書上的「獲批准項目」名稱，填寫對應的名稱。

(B) 為每張單據編號，以便對應。

(D) 簡略介紹物件/服務/膳食的資料，如文具等未有指定內容的項目，應加上詳情。如物件/服務/膳食是針對某一活動而設，該活動的名稱及日期亦應填寫。

(F) 膳食(茶點單據應寫上用膳人數，分別列明工作人員、義工和參加者的人數，如物件作派發用途，應寫上接受物件的人數。

(G) 如單據上包括多個項目，而各項目對應的數量亦已清楚顯明於單據上，可略去不寫。

(H) 填上每一張單據的總額。

(K) 每次採購(即件數乘以單價，或各項目價格的總和)價值\$5,000或以上的物件、備用服務或用膳，應按某毒基金的指引取得足夠數量而符合要求的報價/投標。獲撥款人/機構應妥善記錄報價資料，以便某毒基金會作隨時的檢查。至於招標記錄則應在確定招標記錄後隨即遞交至某毒基金會。

(1) Programme materials include pre-packed food/drinks, stationery, coupons, gifts. Usually these materials are ready-made for immediate deployment. Examples: snacks, paper, small gifts, stamps.

(2) Services include design and printing, photocopying, online services, instructor fee, speaker fee, venue expenses, hire of coach and lorry, equipment rental, contractor service, production of custom-made items. Examples: courier service, production of publicity materials, interest-class instructor fee, doctor's fee.

(3) Each receipt should occupy one line, even if the receipt contains multiple items.

(4) All expenditure items in a project year under the same approved cost item should be grouped together in a single list. Please do not use separate list for each month.

(5) Income collected from participants should be indicated in a separate row and marked under corresponding approved cost item. Income receipts should be submitted if available.

(6) The project in-charge or the senior officer of the grantee should sign each receipt for certification.

(7) Please also submit the completed Form A if travelling expenses (excluding hiring of services such as rental of coaches, etc) are involved; and Form B if staff costs are involved.

(8) A record on the distribution of the cash coupons of any value to participants should be maintained.

(A) The name of the approved cost item as indicated on the notification of successful grant application should be marked in the column.

(B) Each receipt should be serially numbered for cross-checking.

(D) Briefly describe the items purchased/service hire/meal provided. For vague items such as "stationery", details should be specified. The name and date of the activity should be indicated as well if the purchase/service/meal is specially designated for one activity.

(F) The number of staff members, volunteers and participants should be separately indicated for meals/refreshment served. If the purchase was/will be distributed, the number of people receiving the items should be marked.

(G) If the receipt relates to multiple different items and the individual quantities have been clearly marked in the receipt, the quantities may be omitted.

(H) The total for each receipt should be marked.

(K) Sufficient number of quotations with conforming offers/tenders should be obtained for a single purchase (i.e. no. of units x unit price) or purchases of a list of items costing \$5,000 or above in accordance with Beat Drugs Fund Guidelines before proceeding with the purchase. Quotation records should be duly prepared and readily available for Beat Drugs Fund Association's inspection upon request. Tender documents should be submitted to Beat Drugs Fund Association once the tender is awarded.

擬備財務文件需注意事項

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禁毒基金會表格

- ❖ 收入及支出細項表 (I&E Form)
- ❖ 薪酬記錄 (Form B)
- ❖ 交通支出表格 (Form A)

薪酬記錄

禁毒基金會 Beat Drugs Fund Association 薪酬記錄 Records of Personal Emoluments

(1)-1

FORM B

計劃編號
Project No.: 159999

獲撥款人/機構名稱
Name of grantee: Anti-drug Pioneer Alliance

計劃名稱:
Name of project: Hong Kong Let's Beat Drugs

注意 (1)所有適用的欄均應填寫。 Fill in the required information in all applicable columns.
Note: (2)填寫本表前應先參閱相關的說明。 Guidance notes to completion of this form should be read before marking this form.

月薪制的員工 Monthly paid staff

職銜 Rank of staff (A)	獲批准的月薪水平(連同強積金) Monthly claim limit (incl. MPF) (B)	剩餘的獲批准的聘用時限(按月計) Remaining balance of approved employment period (in months) (C)	員工姓名 Name of staff (D)	員工實收的月薪(連同強積金) Actual Monthly salary (incl. MPF) (E)	申領薪金的期間 Salary period claimed (F)	期間內的薪金 Salary for the period (G)	因早前出現的調整而現時申請補領退回的薪金(如有) Additional claim/refund due to adjustment from previous months (if applicable) (H)	實際向禁毒基金申領的金額(請參閱說明(2)及(3)) Actual Amount of Claim from BDF (See Notes (2) & (3)) (I)=(G)+(H)	剩下還可申領薪金的時限(按月計) Remaining period that can be claimed (in months) (J)=(C)-(F)	僱員簽署 Signature of staff (K)
Assistant Social Work Officer	\$29,547.00	24	Lui Ka Ho	\$29,547.00	1 Jun 2016 - 31 May 2017	\$354,564.00	0	\$354,564.00	12.00	Lui

月薪和Sub-total for monthly paid staff

\$354,564.00

獲批准的總薪金 Approved staff cost

\$727,020.00

時薪制的員工 Hourly rated staff

職銜 Rank of staff (L)	獲批准的時薪水平(連同強積金) Hourly Rate (incl. MPF) approved (M)	剩餘的獲批准的聘用時限(按小時計) Remaining balance of approved employment period (in hours) (N)	員工姓名 Name of staff (O)	員工實收的時薪 Actual hourly rate (incl. MPF) (P)	申領薪金的期間 Salary period claimed (Q)	期間內的實際工作時間 Actual number of working hours in the period (R)	實際工作時間包括休息/用膳時間(是/否) Actual number of working hours including rest/meal time (Yes/No) (S)	期間內的薪金 Salary for the period (T)=(P)×(R)	因早前出現的調整而現時申請補領退回的薪金(如有) Additional claim/refund due to adjustment from previous months(if applicable) (U)	實際向禁毒基金申領的金額(請參閱說明(2)及(3)) Actual Amount of Claim from BDF (See Notes (2) & (3)) (V)=(T)+(U)	剩下還可申領薪金的時限(按小時計) Remaining no. of hours that can be claimed (W)=(N)-(R)	僱員簽署 Signature of staff (X)

時薪和Sub-total for hourly rated staff

\$0.00

獲批准的總薪金 Approved staff cost

本人茲證明 We certify that:

- (1)本人確定所有資料均真實無誤。
(2)本人確定表格上列出的員工於列明的時段內曾為本計劃獲批准的範疇工作，期間他們沒有計劃範疇以外的職責。
(3)本人確定向禁毒基金匯報及申領的薪金，已全數發放給員工，並沒有扣除任何金額。
- (1) We confirm that the information provided above is true and correct.
(2) We confirm the staff on list had been working on the approved scopes of the Beat Drugs Fund project in the stated period and during the stated period they were not deployed to other duties beyond the scope of the project.
(3) We confirm that the personal emolument reported to and claimed from Beat Drugs Fund is fully disbursed to the staff concerned with no amount withheld or deducted whatsoever.

日期Date: 31/5/2017

計劃主管的姓名，職銜及簽名
Name, title and signature of the project-in-charge: Felix Wong Tai Ho, Project leader

Felix

日期Date: 3/6/2017

獲撥款人/機構高級職員的姓名，職銜及簽名
Name, title and signature of senior officer of the grantee: Elaine Chan Mei Kuen, Director

E Chan

機構蓋章
Official seal:

Anti-drug Pioneer Alliance

填寫表格的說明 Guidance Notes to Completion of the Form

- (1)此表格記錄月薪及時薪制的僱員薪酬資料。如計劃所涉及人員並非獲撥款人/機構招聘的僱員，或該人員以完成每項工作的形式支取收入的話，應以「僱用服務」的形式於「由撥款人機構填寫的收入及支出細項表」記錄這等資料。
- (1) This form records the personal emoluments of monthly-paid and hourly-rated staff. Project personnel who are not the grantee's employees or are paid upon completion of jobs should be recorded as "hire of service" in the "Particulars of income and expenditure item" form.

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擬備財務文件需注意事項

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禁毒基金會表格

- ❖ 收入及支出細項表 (I&E Form)
- ❖ 薪酬記錄 (Form B)
- ❖ 交通支出表格 (Form A)

交通支出表格

禁毒基金會 Beat Drugs Fund Association 申報發還交通支出表格 Claim Form for Travelling Expenses

FORM A

申請人姓名 Claimant's name:

Lui Ka Ho

申請人職銜 Claimant's post title:

Project Officer

計劃編號 Project No.:

159999

獲撥款人/機構名稱 Name of grantee:

Anti-drug Pioneer Alliance

若路程包括往返居所，則須填寫居所地址(只需地區及街名)

If home-office journey is involved, the claimant's home address should be provided (district and street name only)

居所地址 Home address:

Kai Tin Road, Lam Tin

申請發還款項總額

Total amount claimed \$92.30

交通支出是從右方的項目支付：

The travelling expenses should be deducted from:

Counselling materials and transportation

(獲批准項目名稱)

(name of approved cost item)

第一部份 (由申請人填寫)

Section I (to be completed by claimant)

行程記錄 Records of journeys

			交通費 Travelling expenses		扣除平日往返居所的 交通費用 Deduction for normal home- office journey (c)	申請發還款項 Actual amount claimed for the journey (a)+(b)-(c)	行程目的 Purpose of journey	乘搭的士的理由及乘客人數 Justification for use of taxi and number of passengers
日期 Date	由 Origin	至 Destination	使用的交通工具(包括巴士 和小巴路線號碼) Mode of transport used (incl. route no. of bus and minibus)	的士費 Taxi fare (a)	其他 Other expenses (b)			
2017-06-18	Wong Tai Sin (Office)	Cheung Sha Wan	MTR		6.7	0	6.7	School programme
2017-06-18	Cheung Sha Wan	Wong Tai Sin (Office)	MTR		6.7	0	6.7	School programme
2017-06-19	Wong Tai Sin (Office)	Cheung Sha Wan	Bus No. 2F		5	0	5	School programme
2017-06-19	Cheung Sha Wan	Lam Tin	MTR		8.2	6.7	1.5	Return home after programme
2017-06-23	Diamond Hill	Wong Tai Sin (Office)	Taxi	24		0	24	Return to office after school programme
2017-06-24	Wong Tai Sin (Office)	Tin Yiu Estate	Bus No. 2B + 69X		4.2+13.3	0	17.5	School programme
2017-06-24	Tin Yiu Estate	Wong Tai Sin (Office)	Bus No. 69X + 2B		13.3+4.2	0	17.5	Return to office after programme
2017-06-29	Lam Tin	Cheung Sha Wan	MTR		6.7	Not applicable (non-workday)	6.7	School programme
2017-06-29	Cheung Sha Wan	Lam Tin	MTR		6.7	Not applicable (non-workday)	6.7	School programme
申請發還款項總額 Total amount claimed						\$92.30		

注意 Note:

(1) 乘搭公共交通工具及的士的行程記錄應寫在此表格。租用輕型客貨車、旅遊巴士或貨車的資料不應記錄於此。的士的單據應隨本表格一同提交。
(2) 獲撥款人應在節省開支及提高效率的前提下採用最合適的交通工具。
(3) 在行程中乘坐的士，應嚴加管制。申請人應事先取得上司的批准，才乘搭的士。申請人上可在批准期間因執行職務而乘坐的士之前，必須有充分理由相信當時並無較廉宜或合適的交通工具。申請人在申請發還的士費時，必須提出理由，說明為何乘坐的士而不採用其他交通工具。

(1) Records of journeys for use of public transports and taxis should be marked in this form. The hire of coaches, light goods vehicles or lorries for transportation of group of passengers or items in bulk should NOT be recorded in this form. Receipts of taxis should be submitted together with this form.
(2) The most appropriate method of conveyance in the interest of economy and efficiency should be used.
(3) The use of taxis should be strictly controlled. The claimant should have obtained prior approval before use of taxi. The claimant's supervisor must be fully satisfied that a more economical mode of transport is not available or appropriate before approving the use of taxis for duty purposes. Accordingly, claimants are required to explain in their claims for reimbursement of taxi fares the reasons for using taxis instead of other modes of transport.

交通支出表格

(4)由領人往返居所和辦公處之間的所有往來交通費，通常不可獲全數發還，而須扣除中領人平日往返居所的交通費。如欲就非工作日的行程(如工作外行程)並無扣除相關費用，必須詳述理由。

(4) Travelling expenses incurred on journeys between the claimant's home and places of work are normally not reimbursable in full. Deductions should be made based on the expenses for a normal home-office journey of the claimant. If no deduction is made in exceptional circumstances (e.g. journeys taken on non-working days), full justifications must be provided.

本人茲證明 I certify that

(1)本人因獲禁毒基金批准的項目而行走行程記錄表所示的所有路程，並已在所示的日期支付有關的交通費用。

(1) I have taken all journeys shown on the record of journeys for Beat Drugs Fund-approved purposes and paid for the travelling expenses so incurred on the dates indicated.

(2)(如適用)乘坐的士是因為無其他較便宜或較合適的交通工具可供乘搭。乘搭的士的理由是充分和正確無誤。

(2) (If applicable) Taxi was used because there was no other cheaper/suitable method of conveyance available. Detailed justifications provided are full, true and correct.

本人謹此聲明，在本中領表上填報的資料均真確無誤。 I declare that the information provided in this claim is true and correct.

日期Date:

2017-Jul-02

中領人簽名 Signature of claimant:

Lui

第二部份 (由中領人上司或獲撥款人/機構高級職員填寫)

Section II (to be completed by the claimant's supervisor/senior officer of the grantee)

本人茲證明 I certify that

(1)本人確定第一部份的所有資料均真確無誤。

(1) I confirm that the information provided in Section I above is true and correct.

(2)本人確定中領人已在節省開支及提高效率的前提下採用最合適的交通工具。

(2) I confirm that the claimant has used the most appropriate method of conveyance in the interest of economy and efficiency.

(3)(如適用)中領人乘坐的士前已得到事先批准，乘坐的士是因為無其他較便宜或較合適的交通工具可供乘搭。

(3) (If applicable) Prior approval on use of taxi has been obtained. Taxi was used because there was no other cheaper/suitable method of conveyance available.

(4)本人認為已對交通支出嚴加管制和提出中領支出的理由是非常充分的。

(4) I am satisfied that claim of travelling expenses is strictly controlled and fully justified.

(5)本人明白獲發還交通支出的條件，即任何多付給中領人的款項可悉數向獲撥款人/機構討回。

(5) I acknowledge that the travelling expenses are reimbursed on the condition that any overpayment is recoverable in full.

日期Date:

2017-Jul-03

中領人上司或獲撥款人/機構高級職員簽名

Signature of claimant's supervisor/senior officer of the grantee:

Felix

Felix Wong Tai Ho, Project leader

機構蓋章
Official
seal:

Anti-drug Pioneer
Alliance

個人資料私隱聲明/Personal Data Privacy Statement:

中領人所提供的資料，將用於處理發還交通費及其他相關事項的用途。禁毒基金會、各政策局局長、部門首長及/或獲撥款負責處理款項及有關事宜的人員，可能獲得知悉和資料。根據《個人資料(私隱)條例》，中領人有權查閱和更正所提供的個人資料。

The information provided by the claimant will be used for processing reimbursement of travelling expenses and other related purposes. The information provided may be disclosed to members of the Beat Drugs Fund Association, Heads of Bureau/Department and/or their designated officers who are required to handle claims of the Beat Drugs Fund Association and other related matters. Claimants have a right of access and correction with respect to personal data as provided for in the Personal Data (Privacy) Ordinance.

(rev February 2015)

擬備財務文件需注意事項

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❖ 收入及支出細項表 (I&E Form)

- ✓ 每行列出一張單據的詳情，包括金額、單據編號、日期、款項用途、受惠人數、購買數量、供應商名稱等
- ✓ 按獲批准的開支分項(cost items)排列，列出小計(sub-total)及總計(total)

分項開支：5項

		<u>Annex III</u>
	Item	Amount Approved
1	Personal emolument ¹ : 1 full-time Assistant Social Work Officer: \$29,547 per month (first 12 months); \$31,038 per month (subsequent 12 months); and MPF is included in all rates	\$727,020.00
2	Publicity	\$150,000.00
3	Preventive education activities	\$100,000.00
4	Counselling materials and transportation	\$50,000.00
5	External audit fee	\$20,000.00
Total		\$1,047,020.00
Note: (1) The grantee shall observe the maximum headcount, employment period and salary approved. Increment is granted only on satisfactory continuous service.		
(2) Photocopiers and personal computers are <u>not</u> supported.		
99/15 (MT) [BDF 159999]		

擬備財務文件需注意事項

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❖ 收入及支出細項表 (I&E Form)

- ✓ 如開支款項為5千元或以上，須列明是否已取得**足夠報價**、是否採納最低報價等
- ✓ **活動收入**須撥入對應的開支分項，並作扣減
- ✓ **按年**填寫，小計及總計數目與**核數師報告**相同
- ✓ 由計劃主管及機構高級職員**簽署**作實，加上機構**蓋章**

收入及支出細項表

Appendix IX

禁毒基金會 Beat Drugs Fund Association

由撥款人/機構填寫的收入及支出細項表 Particulars of Income and Expenditure Items to be Completed by Grantee

計劃編號
Project No.: 159999

獲撥款人/機構名稱
Name of grantee: Anti-drug Pioneer Alliance

計劃名稱:
Name of project: Hong Kong Let's Beat Drugs

注意 (1)所有適用欄均應填寫 All the required information in all applicable columns should be filled in.
Note: (2)填寫本表格應在有關活動進行前完成 Guidance notes to completion of this form should be read before completing this form.

經批准項目名稱 Name of approved cost item (A)	單據編號 Receipt serial number (B)	單據日期 Date of receipt (C)	款項用途、物件/服務/購買物資和對惠活動的日期 Purpose of expense, description of the programme materials purchased/service obtained/meals served and date of activity (D)	供應商名稱 Name of vendor (E)	受惠人數 No. of beneficiaries (F)	數量 Quantity purchased (G)	支出/(收入) Expense / (Income) (H)	可取前已取足數量/已取足報價(如適用) Sufficient no. of quantities obtained before procurement (if applicable) (NA/Y/N) (I)	不採納最低報價/沒有足夠報價的理由 Justification for not accepting the lowest offer, or insufficient no. of quotations is obtained (L)
Personal Emolument	(1)-1	2017/05/31	ASWO, Lui Ka Ho	--	--	12 months	\$354,564.00	--	--
Personal Emolument						Sub-total	\$354,564.00		
Publicity	(2)-1	2016/06/13	Logo, Banner and Posters	Link2Sight Design Co.	--	1 logo, 15 banners and 500 posters	\$5,440.00	Y	N/A, lowest offer accepted
	(2)-2	2016/06/13	Colour posters	Good View Colour Laser Copy Centre	--	10	\$35.00	N/A	
	(2)-3	2016/06/17	Stamps	7-Eleven	--	20	\$34.00	N/A	
	(2)-4	2016/06/18	Badges	Pak Ko Ind. Comp.	750	750	\$1,725.00	N/A	
Publicity						Sub-total	\$7,234.00		
Preventive education activities	(3)-1	2016/07/08	mini packs of chocolate	Cheong Kee Food Company	80	80 packs	\$960.00	N/A	
	(3)-2	2016/07/22	Stationery	Hoi Kee Book Store	50	--	\$300.00	N/A	
	
	(3)-43	2016/07/23	Fee collected from ABC小學	ABC小學	--	--	(\$500.00)	N/A	
	(3)-44	2016/07/25	Fee collected from DEF紀念小學	DEF紀念小學	--	--	(\$500.00)	N/A	
Preventive education activities						Sub-total	\$84,326.10		
Counselling materials and transportation	Form A-Lui Ka Ho (June)	2016/06/28	Transportation	N/A	N/A	N/A	\$85.10	N/A	
	
	(4)-9	2016/10/16	Hire of coach to visit DIC	Jackson Coach Hire Service Ltd.	20	1 job	\$1,000.00	N/A	
Counselling materials and transportation						Sub-total	\$3,589.50		
External Audit Fee	(5)-1	2017/06/03	Audit for first project year	United Partners CPA Ltd.	N/A	1 job	\$5,000.00	N/A	
External Audit Fee						Sub-total	\$5,000.00		
總數 Total							\$454,713.60		

本人茲證明 We certify that:

(1)本人確定所有資料均真確無誤，而所有費用均用於禁毒基金會已批准的用途。

(1) We confirm that the information provided above is true and correct and all expenses were incurred under purposes approved by the Beat Drugs Fund Association.

收入及支出細項表

Appendix IX

- (3) We confirm that procedural guidelines and conditions of grants issued by the Beat Drugs Fund Association have been strictly followed when incurring project expenses.
- (4) We are satisfied that in the procurement/hire of service/provision of meals, goods, services and meals are purchased in a competitive and equitable way, the process is transparent, and the purchases represent value for money.
- (5) We confirm that reasonable apportionment of expenses, if any, has been made and the apportioned expenses are directly related to the project.

日期Date: 4/8/2017

日期Date: 13/8/2017

計劃主管姓名、職銜及簽名
Name, title and signature of the project in-charge: Felix Wong Tai Ho, Project leader

獲撥款人/機構高級職員的姓名、職銜及簽名
Name, title and signature of senior officer of the grantee: Elaine Chan Mei Kuen, Director

機構蓋章
Official chop:



填寫表格的說明 Guidance Notes to Completion of the Form

- (1) 程序物資包括已包裝食品、文儀用品、現金卷/書卷、禮品等物件；通常這些物件已現成可用，無需加工。例如：購買小食、紙張、小禮物、郵票。
- (2) 備用服務包括設計及印刷、影印、網上服務、導師費、講員費、場地費用、租用旅遊巴士、租用器材、承包商服務、訂製的物件。例如遠通服務、輸出海報、興趣班導師、醫生費用。
- (3) 每行以一張單據為準。即使一張單據包括多個項目，亦只佔一行。
- (4) 同一獲批准項目下的開支細項應以組按年列出。請不要按月列出開支。
- (5) 向參加者徵收的費用，應以獨立一項列明，撥入對應的獲批准項目。如有收費收據，亦應連同其他單據一同提交。
- (6) 計劃主管或獲撥款人/機構高級職員應在單據上逐一簽署作實。
- (7) 若涉及交通開支(備用服務如租用旅行車等除外)，請同時遞交表格A；員工開支則須同時遞交表格B。
- (8) 如向參加者派任何面額的現金卷/書卷，必須保留分發名單記錄。

備註 Remarks:

- (A) 根據禁毒基金發出的通知書上的「獲批准項目」名稱，填寫對應的名稱。
- (B) 為每張單據編號，以便對應。
- (D) 簡略介紹物件/服務/膳食的資料。如文具等未有指定內容的項目，應加上詳情。如物件/服務/膳食是針對某一活動而設，該活動的名稱及日期亦應填寫。
- (F) 膳食/茶點單據應寫上用膳人數，分別列明工作人員、義工和參加者的人數。如物件作派發用途，應寫上接受物件的人數。
- (G) 如單據上包括多個項目，而各項目對應的數量亦已清楚闡明於單據上，可略去不寫。
- (H) 填上每一張單據的總額。
- (K) 每次採購(即件數乘以單價，或各項目價格的總和)價值\$5,000或以上的物件、備用服務或用膳，應按禁毒基金的指引取得足夠數量而符合要求的報價/投標。獲撥款人/機構應妥善記錄報價資料，以便禁毒基金會作隨時的檢查。至於招標記錄則應在確定招標記錄後隨即遞交至禁毒基金會。

- (1) Programme materials include pre-packed food/drinks, stationery, coupons, gifts. Usually these materials are ready-made for immediate deployment. Examples: snacks, paper, small gifts, stamps
- (2) Services include design and printing, photocopying, online services, instructor fee, speaker fees, hire of coach and lorry, equipment rental, contractor service, production of custom-made items. Examples: courier service, production of publicity materials, interest-class instructor fee, doctor's fee.
- (3) Each receipt should occupy one line, even if the receipt includes multiple items.
- (4) All expenditure items in a project year under the same approved item should be listed in a separate list for each month.
- (5) Income collected from participants should be indicated on the receipt. Receipts should be submitted if available.
- (6) The project in-charge or the senior officer of the grantee should sign the receipt.
- (7) Please also submit the completed Form A if travelling expenses are involved. Form B if staff costs are involved.
- (8) A record on the distribution of the cash coupons of any value to participants should be maintained.

由計劃主管及機構高級職員
簽署作實，加上機構蓋章

- (A) The name of the approved cost item as indicated on the notification of successful grant application should be marked in the column.
- (B) Each receipt should be serially numbered for cross-checking.
- (D) Briefly describe the items purchased/service hire/meal provided. For vague items such as "stationery", details should be specified. The name and date of the activity should be indicated as well if the purchase/service/meal is specially designated for one activity.
- (F) The number of staff members, volunteers and participants should be separately indicated for meals/refreshment served. If the purchase was/will be distributed, the number of people receiving the items should be marked.
- (G) If the receipt relates to multiple different items and the individual quantities have been clearly marked in the receipt, the quantities may be omitted.
- (H) The total for each receipt should be marked.
- (K) Sufficient number of quotations with conforming offers/tenders should be obtained for a single purchase (i.e. no. of units x unit price) or purchases of a list of items costing \$5,000 or above in accordance with Beat Drugs Fund Guidelines before proceeding with the purchase. Quotation records should be duly prepared and readily available for Beat Drugs Fund Association's inspection upon request. Tender documents should be submitted to Beat Drugs Fund Association once the tender is awarded.

擬備財務文件需注意事項

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❖ 收入及支出細項表 (I&E Form) 相關文件

- ✓ 核證付款收據
- ✓ 報價報告
- ✓ 派發現金券/書券記錄
- ✓ 收費收據（如適用）

Anti-drug Pioneer Alliance
"Hong Kong Let's Beat Drugs" (3)-1
No. 1127
收 RECEIPT 據
Received from Anti-drug Pioneer Alliance Date 8 July 2016
the sum of H. K. Dollars 玖萬陸仟元正
in payment of \$ 20100.300529
H.K. \$ 20100.300529
現金 / 銀行支票號碼 / 收妥作實
Felix Wong Tai Ho, Project leader
Anti-drug Pioneer Alliance

40

核證付款收據

Anti-drug Pioneer Alliance
“Hong Kong Let’s Beat Drugs”

(2)-2

好景 GOOD VIEW COLOR LASER COPY CENTRE 好景彩色影印中心
G/F, 70 O'BRIEN ROAD, WANCHAI, HK
灣仔軒尼詩道70號C地下
Tel 電話: 2508 8805 Fax 傳真: 2519 8884

Office Copy

Receipt

Customer 客戶:
Name 聯名:
Department 部門:
Telephone 電話:
Address 地址:

NO 編號: G3809110826
Date 日期: 2016-06-13
Staff 職員: 0009
Ref 參考:
Page 頁數: 1/1

Code 代號	Description 項目	Qty 數量	Pri 單價	Dis 折扣	Amount 金額
C2A34S	A3 COLOR COPY	10	3.50		\$ 35.00
Remark 備註					減收 Less \$ 35.00
					合計 Total \$ 35.00
					收款 Receive \$ 35.00
					找回 Return \$

Felix
Felix Wong Tai Ho, Project leader

單據由1位職員簽署，寫上其姓名及蓋上機構蓋章

Anti-drug Pioneer Alliance

“Hong Kong Let’s Beat Drugs”

為單據編號 [如(1)-1, (8)-9-1]

(2)-3

7-ELEVEN®
歡迎光臨 7-Eleven (1011)

7-ELEVEN® COPY

1	郵票 2037 \$14	14.00	1	郵票 2037 \$14	14.00
1	郵票 2037 \$14 (2)	14.00	1	郵票 2037 \$14 (2)	14.00
總數:		28.00	總數:		28.00
現金:		100.00	現金:		100.00
找續:		72.00	找續:		72.00
2016-06-17 09:30:54 交易編號: 40971 收銀機: 031 收銀員: 397			2016-06-17 09:30:54 交易編號: 40971 收銀機: 031 收銀員: 397		

Felix
Felix Wong Tai Ho, Project leader

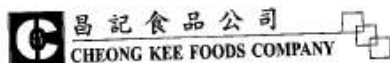
容易褪色的單據應同時交上影印本

核證付款收據

Anti-drug Pioneer Alliance

“Hong Kong Let's Beat Drugs”

(3)-1



昌記食品公司
CHEONG KEE FOODS COMPANY

No. 1127

收 RECEIPT 據

Date, 8 July 2016

茲收到 Anti-drug Pioneer Alliance

the sum of H. K. Dollars 玖佰陸拾元正

in payment of \$20100300529

H.K. \$

現金 / 銀行支票號碼 / 收妥作實

Felix

Felix Wong Tai Ho, Project leader



Anti-drug Pioneer Alliance

Anti-drug Pioneer Alliance

“Hong Kong Let's Beat Drugs”

(3)-1-1

昌記食品公司

CHEONG KEE FOODS COMPANY

新界沙田火炭坳背灣街10-12號聯興工業中心4樓0室
Tel: (852) 26994286 Fax: (852) 26904286 www.dkf.com.hk

發: Anti-drug Pioneer Alliance

地址: 聯絡人: Mr Wong Tai Ho
電話: 2590 8723

傳真:

發票 INVOICE

發票編號: S20102300529

發票日期: 8 Jul 2016

付款方式: C.O.D

貨品編號 ITEM CODE	貨品內容 DESCRIPTION	單位 UNIT PRICE	數量 QUANTITY	折扣 DISC	金額 AMOUNT
0012	迷你三角朱古力1條 x 80粒	96.00	10 條		960.00

收據沒有清楚顯示詳情時，
更應提交發票/相關文件以交代詳情



備註:

Confirmed & Accepted by

Company Chop & Signature(s)

折扣 (DISCOUNT): HKD

總金額 (TOTAL): HKD

For and on behalf of

960.00

Authorized Signature(s)

第1頁共1頁

核證付款收據

Anti-drug Pioneer Alliance

“Hong Kong Let’s Beat Drugs”

(3)-2

開記書局
G/F, 34 Spring Garden Lane, Wanchai, H.K.
TEL: (852) 25274238 Fax: (852) 21360768
專營文具、書寫用品、包裝用品、體育用品、商業用紙、原子印章

開記書局
HOI KEE BOOK STORE
現沽單 CASH

專營
辦公文具、名廠金筆、
包裝用品、體育用品、
商業用紙、原子印章

2016 年 07 月 22 日

數量 Quantity	貨名 DESCRIPTION	單價 Unit Price		折扣	金額 Amount	
		\$	cts.		\$	cts.
	文具				300	
	- 大畫紙 10 張	5				
	- marker 2 盒	50				
	- Glue stick 5 瓶	10				
	- 繪圖紙 一包	100				
合計 TOTALS					300	

單據應清楚寫明開支
內容，例如文具、
畫紙等

Felix
Felix Wong Tai Ho, Project leader

報價報告

Anti-drug Pioneer Alliance

"Hong Kong Let's Beat Drugs"

(2)-1



To: Anti-drug Pioneer Alliance
 Attn: Mr Wong Tai Ho
 Tel: 25908723
 Fax:
 Email:
 Address:

Quotation No: RP-100109
 Customer Code: Y1002
 Date: 2016-06-13
 Designer:
 Email:

Receipt

Item	Description	Amount (HKD)
1	To acknowledge receipt of five thousands and four hundreds forty dollars only as payment of Invoice No. P91214 through Cheque.	5,440.00

PAID

Anti-drug Pioneer Alliance

Felix

Felix Wong Tai Ho, Project leader

For and Behalf of Link2Sight Design Co.



Anti-drug Pioneer Alliance

"Hong Kong Let's Beat Drugs"

(2)-1-1



To: Anti-drug Pioneer Alliance
 Attn: Mr Wong Tai Ho
 Tel: 25908723
 Fax:
 Email:
 Address:

Quotation No: P91214
 Customer Code: Y1002
 Date: 2016-06-03
 Designer:
 Email:

INVOICE

Item	Description	QTY	Unit Price(HKD)	Amount(HKD)
1	Project logo Design	1	800	800
2	Banner 3"x8" 厚帆布平面, 連design	15	176	2640
3	Poster A2 - 158gsm, 連design	500	4	2000

Remarks:
 Payment method:
 a) By Cheque: cheque payable to "Link2Sight Design Co."
 b) Bank transfer to HSBC "512-237611-001"

For and Behalf of Link2Sight Design Co.



Quotation report

This is to report the result of quotation exercises for the following items:

- (1) Logo Design for the Project
- (2) Banner 3" x 8" 厚帆布啞面, 連 design x 15
- (3) Poster A2 size – 158gsm, 連 design x 500

Company	Address	Tel.	Item1	Item2	Item3
Link2Sight Design Co.	Rm. 7, 15/F, Blk. A, Wah Tat Ind. Centre, 8-10 Wah Sing St., Kwai Chung, N. T.	9094 3446	\$800	\$2,640	\$2,000
Attitude Promotion Co. Ltd.	Unit 16, 3/F., New City Centre, 2 Lei Yue Mun Rd., Kwun Tong, Kowloon, H.K.	2851 0805	\$3,500	\$2,880	\$2,250
th.a.n. Design House Ltd.	Room 1705, Shun Feng International Centre, 182 Queen's Road East, Wan Chai, Hong Kong	2507 2951	\$1,800	\$6,700	\$2,900

Lowest offers from Link2Sight Design Co. for item (1), (2), (3) are recommended.

Quotations Obtained and Recommended by: Mr. Lai Ka Ho Signature: Lai

Recommendation Approved by:

Anti-drug Pioneer Alliance

Felix

Felix Wong Tai Ho, Project leader

"Hong Kong Let's Beat Drugs"

(2)-1 Quotation

Anti-drug Pioneer Alliance

擬備財務文件需注意事項

46

❖ 薪酬記錄 (Form B)

獲批准的月薪水平

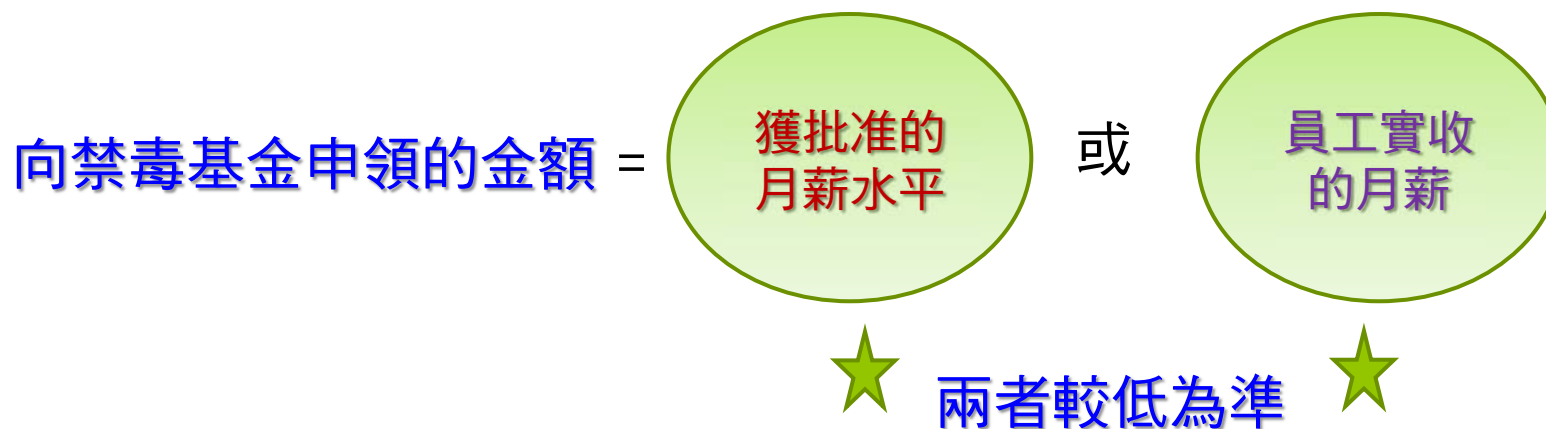
<u>Annex III</u>		
	Item	Amount Approved
1	Personal emolument ¹ . 1 full-time Assistant Social Work Officer: \$29,547 per month (first 12 months); \$31,038 per month (subsequent 12 months); and MPF is included in all rates	\$727,020.00
2	Publicity	\$150,000.00
3	Preventive education activities	\$100,000.00
4	Counselling materials and transportation	\$50,000.00
5	External audit fee	\$20,000.00
Total		\$1,047,020.00
Note: (1) The grantee shall observe the maximum headcount, employment period and salary approved. Increment is granted only on satisfactory continuous service.		
(2) Photocopiers and personal computers are <u>not</u> supported.		
99/15 (MT) [BDF 159999]		

擬備財務文件需注意事項

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❖ 薪酬記錄 (Form B)

- ✓ 列出**獲批准的月薪水平**(連同強積金)、**員工實收的月薪**(連強積金)、**向禁毒基金申領的金額**等



- ✓ **由僱員簽署作實，計劃主管及機構高級職員加簽及蓋章**

擬備財務文件需注意事項

48

❖ 薪酬記錄 (Form B) 相關文件

薪俸結算書/支薪記錄

(salary statement/payroll record)

- ✓ 須按月列出受薪員工姓名及職銜、受薪日期、薪酬金額、強積金、薪酬調整（如有）
- ✓ 由計劃主管及機構高級職員**簽名**作實，加上機構**蓋章**

擬備財務文件需注意事項

49

薪俸結算書/
支薪記錄
(salary statement/
payroll record)

INDIVIDUAL PAYROLL RECORD												
Name _____ Employee # _____												
Address _____ City, State, Zip _____												
Social Security # _____ Position _____ Telephone number _____												
Regular Rate _____ Overtime Rate _____ Date Hired _____ Exemptions _____												
	Pay period ending	Total Hours		Gross pay	Soc. Sec. w/h	Medicare w/h	Federal w/h	State w/h	Local w/h			Net pay
		Regular	O/time									
1												
2												
3												
4												
5												
Total												
1												
2												
3												
4												
5												
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Total quarter												
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3												
4												
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Total												
1												
2												
3												
4												
5												
Total												
Total quarter												
Total page												

計劃編號
Project No.: 159999

獲撥款人/機構名稱 Name of grantee:	Anti-drug Pioneer Alliance
-------------------------------	----------------------------

計劃名稱： Name of project:	Hong Kong Let's Beat Drugs
---------------------------	----------------------------

注意 (1)所有適用的欄均應填寫。Fill in the required information in all applicable columns.
Note: (2)填寫本表前應先參閱相關的說明。Guidance notes to completion of this form should be read before marking this form.

實際向禁毒基金
申領的金額

戶主類別的員工Monthly paid staff

職銜 Rank of staff (A)	獲批准的月薪水平 (連同強積金) Monthly claim limit (incl. MPF) (B)	剩餘的獲批准的時 用時限(按月計) Remaining balance of approved employment period (in months) (C)	員工姓名 Name of staff (D)	員工實收的月薪 (連強積金) Actual Monthly salary (incl. MPF) (E)	申領薪金的期間 Salary period claimed (F)	期間內的薪金 Salary for the period (G)	因早前出現的調整而 現時申請補領/退回的 薪金(如有) Additional claim/refund due to adjustment from previous months (if applicable) (H)	實際向禁毒基金申領的金額 (請參閱說明(2)及(3)) Actual Amount of Claim from BDF (See Notes (2) & (3)) (I)=(G)+(H)	剩下還可申領薪金的 時限(按月計) Remaining period that can be claimed (in months) (J)=(C)-(F)	僱員簽署 Signature of staff (K)
Assistant Social Work Officer	\$29,547.00	24	Lui Ka Ho	\$29,547.00	1 Jan 2016 - 31 May 2017	\$354,564.00	0	\$354,564.00	12.00	Lui
月薪和Sub-total for monthly paid staff						\$354,564.00				
獲批准的總薪金Approved staff cost						\$727,020.00				

獲批准的月薪水平 (連同強積金)

員工實收的月薪
(連強積金)

僱員簽署

時薪制的員工 Hourly rated staff

[illegible]

由計劃主管及機構高級職員簽署
作實，加上機構蓋章

本人茲證明 We certify that-

- | | |
|--|--|
| <p>(1)本人確定所有資料均真確無誤。</p> <p>(2)本人確定表格上列出的員工於列明的時段內曾為本計劃獲批准的範疇工作，期間他們沒有計劃範疇以外的職責。</p> <p>(3)本人確定向禁藥基金匯報及申領的薪金，已全數發給給員工，並沒有扣除任何金額。</p> | <p>(1) We confirm that the information provided above is true and correct.</p> <p>(2) We confirm the staff on list had been working on the approved scopes of the Beat Drugs Fund project in the stated period and during the stated period they were not deployed to other duties beyond the scope of the project.</p> <p>(3) We confirm that the personal emolument reported to and claimed from Beat Drugs Fund is fully disbursed to the staff concerned with no amount withheld or deducted whatsoever.</p> |
|--|--|

日期Date: 31/5/2017

Name, title and signature of the project-in-charge: Felix Wong Tai Ho, Project leader

Felix

日期Date: 3/6/2017

Name, title and signature of senior officer of the grantee: Elaine Chan Mei Kuen, Director

E Char

機構蓋章
Official seal:

Anti-drug Volunteers Alliance

填寫表格的說明 Guidance Notes to Completion of the Form

- (1) 此表格記錄月薪及時薪制的僱員薪酬資料。如計劃所涉及人員並非非選撥款人／機構招聘的僱員，或該人員以完成每項工作的形式支取收入的話，應以「僱用服務」的形式於「由撥款人機構填寫的收入及支出細項表，記錄這等資料。」

擬備財務文件需注意事項

51

❖ 交通支出表格 (Form A)

- ✓ 就**每項行程**列出日期、出發地、目的地、公共交通工具種類及路線號碼、交通費
- ✓ 若路程包括往返居所，須填寫居住地區，並**扣除平日往返居所的交通費**；如因特殊情況(例如行程是在非工作日作出)並無扣除相關費用，須詳述理由
- ✓ 由申領人**簽署作實**，申領人上司或機構高級職員**加簽及蓋章**

擬備財務文件需注意事項

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❖ 交通支出表格 (Form A)

- ✓ 如申請發還的士費，必須提出理由，並提交的士單據
- ✓ 申領人上司在批准屬員乘坐的士之前，必須有充分理由確信當時並無較廉宜或合適的交通工具

交通支出表格

禁毒基金會 Beat Drugs Fund Association

表格 Claim Form for Travelling Expenses

FORM A

申請人姓名 Claimant's name:

居所地址

申請人職銜 Claimant's post title:

Project Officer

計劃編號 Project No.:

159999

獲撥款人/機構名稱 Name of grantee:

Anti-drug Pioneer Alliance

若路程包括往返居所，則須填寫居所地址(只填地區及街名)

If home-office journey is involved, the claimant's home address should be provided (district and street name only)

居所地址 Home address:

Kai Tin Road, Lam Tin

申請發還款項總額

\$92.30

交通支出是從右方的項目支付：

Counselling materials and transportation

乘搭的士的理由及乘客人數

第一部份 (由申請人填寫)

Section I (to be completed by claimant)

行程記錄 Records of journeys

日期 Date	由 Origin	至 Destination	使用的交通工具(包括巴士和小巴路線號碼) Mode of transport used (incl. route no. of bus and minibus)	交通費 Travelling expenses		扣除平日往返居所的 交通費用 Deduction for normal home- office journey (c)	申請發還款項 Actual amount claimed for the journey (a)+(b)-(c)	行程目的 Purpose of journey	乘搭的士的理由及乘客人數 Justification for use of taxi and number of passengers
				的士費 Taxi fare (a)	其他 Other expenses (b)				
2017-06-18	Wong Tai Sin (Office)	Cheung Sha Wan	MTR		6.7				
2017-06-18	Cheung Sha Wan	Wong Tai Sin (Office)	MTR		6.7				
2017-06-19	Wong Tai Sin (Office)	Cheung Sha Wan	Bus No. 2F		5				
2017-06-19	Cheung Sha Wan	Lam Tin	MTR		8.2				
2017-06-23	Diamond Hill	Wong Tai Sin (Office)	Taxi	24					Travelling with 3 volunteers. Materials were very heavy; it was cheaper to ride a taxi than using public transportation.
2017-06-24	Wong Tai Sin (Office)	Tin Yiu Estate	Bus No. 2B + 69X		4.2+13.3	0	17.5	School programme	
2017-06-24	Tin Yiu Estate	Wong Tai Sin (Office)	Bus No. 69X + 2B		13.3+4.2	0	17.5	Return to office after programme	
2017-06-29	Lam Tin	Cheung Sha Wan	MTR		6.7	Not applicable (non-workday)	6.7	School programme	
2017-06-29	Cheung Sha Wan	Lam Tin	MTR		6.7	Not applicable (non-workday)	6.7	School programme	
申請發還款項總額 Total amount claimed							\$92.30		

注意 Note:

- 申請公共交通工具及的士的行程記錄應填寫在此表格。的士的單據應與本表格一同提交。
- 獲撥款人應在節省開支及提高效率的前提下採用最合宜的交通方式。在行程中乘坐的士，應經批准。申請人應事先取得獲撥款人/機構的批准。申請人應事先取得獲撥款人/機構的批准。申請人應事先取得獲撥款人/機構的批准。
- 在行程中乘坐的士之前，必須有充分理由相信當地的公共交通系統不可用或不合適。申請人應事先取得獲撥款人/機構的批准。申請人應事先取得獲撥款人/機構的批准。申請人應事先取得獲撥款人/機構的批准。

Travelling with 3 volunteers. Materials were very heavy; it was cheaper to ride a taxi than using public transportation.

if taxis should be marked in this form. The hire of coaches, light goods vehicles or lorries for should NOT be recorded in this form. Receipts of taxis should be submitted together with this interest of economy and efficiency should be used. claimant should have obtained prior approval before use of taxi. The claimant's supervisor must report is not available or appropriate before approving the use of taxis for duty purposes. claims for reimbursement of taxi fares the reasons for using taxis instead of other modes of

交通支出表格

(4)由領人往返居所和辦公處之間的所有交通費，通常不可獲全數發還，而須扣除領人平日往返居所的交還。如欲獲發還的款項(行程是在非工作日作出)並無扣除相關費用，必須詳述理由。

(4)Travelling expenses incurred on journeys between the claimant's home and places of work are normally not reimbursable in full. Deductions should be made based on the expenses for a normal home-office journey of the claimant. If no deduction is made in exceptional circumstances (e.g. journeys taken on non-working days), full justifications must be provided.

本人茲證明 I certify that

(1)本人因獲禁毒基金批准之項目而行走行程記錄表所示的所有路程，並已在所示的日期支付有關的交通費用。

(2)(如適用)乘坐的士是因為無其他較便宜或較合適的交通工具可供乘搭。乘搭的士的理由是充分和正確無誤。

(1) I have taken all journeys shown on the record of travelling expenses so incurred on the dates indicated.

(2) (If applicable) Taxi was used because there was no other available method of conveyance available. Detailed justifications provided are full, true and correct.

由申領人簽署作實

本人謹此聲明，在本申領表上填報的資料均真確無誤。 I declare that the information provided in this claim is true and correct.

日期Date:

2017-Jul-02

申領人簽名 Signature of claimant:

Lui

第二部份 (由申領人上司或獲撥款人/機構高級職員填寫)

Section II (to be completed by the claimant's supervisor/senior officer of the grantee)

本人茲證明 I certify that

(1)本人確定第一部份的所有資料均真確無誤。

(2)本人確定申領人已在節省開支及提高效率的前提下採用最合適的交通工具。

(3)(如適用)申領人乘坐的士前已得到事先批准，乘坐的士是因為無其他較便宜或較合適的交通工具可供乘搭。

(4)本人認為已對交通支出嚴加管制和提出申領支出的理由是非常充分的。

(1) I confirm that the information provided in Section I above is true and correct.

(2) I confirm that the claimant has used the most appropriate method of conveyance to ensure efficiency.

(3) (If applicable) Prior approval on use of taxi has been obtained. The claimant was required to use a cheaper/suitable method of conveyance available.

(4) I am satisfied that claim of travelling expenses is strictly controlled and fully justified.

由計劃主管或機構高級職員
簽署作實，加上機構蓋章

(5)本人明白獲發還交通支出的條件，即任何多付給申領人的款項可悉數向獲撥款人/機構討回。

(5) I acknowledge that the travelling expenses are reimbursed on the condition that any overpayment is recoverable in full.

日期Date:

2017-Jul-03

申領人上司或獲撥款人/機構高級職員簽名

Signature of claimant's supervisor/senior officer of the grantee:

Felix

Felix Wong Tai Ho, Project leader

機構蓋章
Official seal:

Anti-drug Pioneer Alliance

個人資料私隱聲明 Personal Data Privacy Statement:

申領人所提供的資料，將用於處理發還交通費及其他相關事項的用途。禁毒基金會人員、各政策局局長、部門首長及／或獲指撥負責處理款項及有關事宜的人員，可能獲時知悉和資料。根據《個人資料(私隱)條例》，申領人有權查閱和更正所提供的個人資料。

The information provided by the claimant will be used for processing reimbursement of travelling expenses and other related purposes. The information provided may be disclosed to members of the Beat Drugs Fund Association, Heads of Bureau/Department and/or their designated officers who are required to handle claims of the Beat Drugs Fund Association and other related matters. Claimants have a right of access and correction with respect to personal data as provided for in the Personal Data (Privacy) Ordinance.

(rev February 2015)

第三部分

財務文件範例焦點討論

範例焦點討論－背景資料

56

- ❖ 項目推行日期:
2017年6月1日 - 2019年5月31日 (24個月)
- ❖ 第二年已聘請員工期間:
2018年6月1日 - 2019年5月31日 (12個月)
- ❖ 第二年員工實收月薪:
\$32,000 (連僱員及僱主強積金供款)

範例焦點討論－背景資料

57

Annex III

❖ 獲准預算開支

	Item	Amount Approved
1	Personal emolument ¹ : 1 full-time Assistant Social Work Officer: \$29,547 per month (first 12 months); \$31,038 per month (subsequent 12 months); and MPF is included in all rates	\$727,020.00
2	Publicity	\$150,000.00
3	Preventive education activities (<i>after income</i>)	\$100,000.00
4	Counselling materials and transportation	\$50,000.00
5	External audit fee	\$20,000.00
Total		\$1,047,020.00

Note: (1) The grantee shall observe the maximum headcount, employment period and salary approved. Increment is granted only on satisfactory continuous service.

(2) Photocopiers and personal computers are not supported.

範例焦點討論－文件樣本

58

- ❖ 收入及支出細項表 (I&E Form)
- ❖ 薪酬記錄 (Form B)
- ❖ 交通支出表格 (Form A)
- ❖ 最終審計報告 (Final auditors' report)



請找出各文件樣本
欠妥善之處；
稍後將作解說

1. 各開支細項應按獲批准的
開支分項(cost items)
排列，並列出分項小計(sub-total)

3. 請按開支分項編配單據編號，如
(3)-1, (3)-2 等等

2. 薪酬開支(personal emolument) 亦應包括在
「收入及支出細項表」(I&E Form)內

獲批准項目名稱 Name of approved cost item (A)	單據編號Receipt serial number (B)	單據日期 Date of receipt (C)	款項用途、獲批開支的資料和對應活動的日期 Purpose of expense, description of the programme materials purchased/service obtained/meals served and date of activity (D)	供應商名稱 Name of vendor (E)	受惠人數 No. of beneficiaries (F)	數量 Quantity purchased (G)	支出/(收入) Expense / (Income) (H)	用款前已取得足夠數量而符合要求的報價(如適用) Sufficient no. of quotations obtained before procurement (if applicable) (NA/Y/N) (I)	不採納最低報價/沒有足夠報價的理由 Justification for not accepting the lowest offer, or insufficient no. of quotations is obtained (L)
Transportation									
Publicity									
Publicity									
Day camp									
Day camp									
Publicity									
Day camp		2018/03/08	Fee collected from ABC小學	ABC小學	-	-	(\$500.00)	N/A	
Day camp		2018/03/08	Fee collected from DEF紀念小學	DEF紀念小學	-	-	(\$500.00)	N/A	
Transportation		2017/10/16	Hire of coach to visit DIC	Jackson Coach Hire Service Ltd.	20	1 job	\$1,000.00	N/A	
Equipment		2017/08/03	Personal computer	Hello Computers	-	1	\$4,800.00	N/A	
External Audit Fee		2018/08/30	Audit fee	United Partners CPA Ltd.	N/A	1 job	\$5,000.00	N/A	
總數Total							\$18,870.40		

本人茲證明 We certify that-

(1)本人確定所有資料均真實無誤，而所有費用均用於慈善基金會已批准的用途。

(2)本人確定購物/僱用服務/提供膳食均為必需，及符合計劃實際需要。

(3)本人確定所有開支，已恪守根據慈善基金會發出的程序指引及撥款條件。

(4)本人認為在採購/僱用服務/用膳時，已盡所有能力，確保根據公平競爭的原則採購物品及服務，採購過程具透明度，而所採購的物品及服務是符合經濟原則的。

(5)本人確認已適當地分攤開支(若有的話)，而有關分攤的開支是直接用於計劃。

(1)We confirm that the information provided above is true and correct and all expenses were incurred under purposes approved by the Beat Drugs Fund Association.

(2)We confirm that the materials purchased/services hired/meals provided are essential for meeting the actual project requirement.

(3)We confirm that procedural guidelines and conditions of grants issued by the Beat Drugs Fund Association have been strictly followed when incurring project expenses.

(4)We are satisfied that in the procurement/hire of service/provision of meals, goods, services and meals are purchased in a competitive and equitable way, the process is transparent, and the purchases represent value for money.

(5) We confirm that reasonable apportionment of expenses, if any, has been made and the apportioned expenses are directly related to the project.

日期Date: 31/7/2018

計劃主管姓名，職銜及簽名
Name, title and signature of the project-in-charge:

日期Date: 31/7/2018

獲撥款人/機構高級職員的姓名，職銜及簽名
Name, title and signature of senior officer of the grantee:

機構蓋章
Official seal:

禁毒基金會 Beat Drugs Fund Association

由撥款人機構填寫的收入及支出細項表 Particulars of Income and Expenditure Items to be filled in by the grantee

4. 未獲准的開支不應
向基金申請還款

5. 請註明購買數量

獲批准項目名稱 Name of approved item (A)	單據日期 Date of receipt (C)	款項用途，物件/服務/膳食的資料和對應活動的日期 Purpose of expense, description of the programme materials purchased/service obtained/meals served and date of activity (D)	供應商名稱 Name of vendor (E)	受惠人數 No. of beneficiaries (F)	數量 Quantity purchased (G)	支出 Expense (H)	已獲得足夠數量而符合要求的報價(如適用) Sufficient no. of quotations obtained before procurement (if applicable) (NA/Y/N) (K)	不採納最低報價/沒有足夠報價的理據 Justification for not accepting the lowest offer, or insufficient no. of quotations is obtained (L)
Transportation	2017/07/10	Transportation (Form A)	N/A	N/A	N/A	\$1,400.00	N/A	
Publicity	2017/12/17	Stamps	7-Eleven	--	20	\$34.00	N/A	
Publicity	2018/01/18	Badges	Pak Ko Ind. Comp.	750	750	\$1,725.00	N/A	
Day camp	2018/03/08	mini packs of chocolate	Cheong Kee Food Company	80	80 packs	\$960.00	N/A	
Day camp	2018/03/08	Stationery	Hoi Kee Book Store	50	--	\$300.00	N/A	
Publicity	2017/06/13	Posters	Link2Sight Design Co.	--		\$8,000.00	N/A	
Day camp	2018/03/08	Fee collected from ABC小學	ABC小學	--	--	(\$500.00)	N/A	
Day camp	2018/03/08	Fee collected from DEF紀念小學	DEF紀念小學	--	--	(\$500.00)	N/A	
Transportation	2017/10/16	Hire of coach to visit DIC	Jackson Coach Hire Service Ltd.	20	1 job	\$1,000.00	N/A	
Equipment	2017/06/03	Personal computer	Hello Computers	--	1	\$4,800.00	N/A	
External Audit Fee	2018/06/30	Audit fee	United Partners CPA Ltd.	N/A	1 job	\$5,000.00	N/A	
總數Total						\$18,870.00		

本人茲證明 We certify that:-

(1)本人確定所有資料均真確無誤，而所有費用均用於禁毒基金會已批准的用途。

(2)本人確定購物/僱用服務/提供膳食均為必需，及符合計劃實際需要。

(3)本人確定所有開支，已恪守根據禁毒基金會發出的程序指引及撥款條件。

(4)本人認為在採購/僱用服務/用膳時，已盡所有能力，確保根據公平競爭的原則採購物品及服務，採購過程具透明度，而所採購的物品及服務是符合經濟原則的。

(5)本人確認已適當的分攤開支(若有的話)，而有關分攤的開支是直接用於計劃。

(1)We confirm that the information provided above is true and correct and all expenses were incurred under purposes approved by the Beat Drugs Fund Association.

(2)We confirm that the materials purchased/services hired/meals provided are necessary for meeting the actual project requirement.

(3)We confirm that procedural guidelines and conditions of grants issued by the Beat Drugs Fund Association have been strictly followed when incurring project expenses.

(4)We are satisfied that in the procurement/hire of service/meal, all efforts have been made to ensure that the procurement process is conducted in an equitable way, the process is transparent, and the purchased items and services are in line with economic principles.

(5) We confirm that reasonable apportionment of expenses has been made for the project.

6. 就5千元或以上的購置
項目，須填寫(K)及(L)欄及
提交相關報價紀錄

日期Date: 31/7/2018

計劃主管姓名，職銜及簽名
Name, title and signature of the project-in-charge:

日期Date: 31/7/2018

獲撥款人機構高級職員的姓名，職銜及簽名
Name, title and signature of senior officer of the grantee:

禁毒基金會 Beat Drugs Fund Association

由撥款人機構填寫的收入及支出細項表 Particulars of Income and Expenditure Items to be Completed by Grantee

計劃編號
Project No.: 159999獲撥款人/機構名稱
Name of grantee: Anti-drug Pioneer Alliance計劃名稱:
Name of project: Hong Kong Let's Beat Drugs

注意 (1)所有適用的欄均應填寫。All the required information in all applicable columns should be filled in.
 Note: (2)填寫本表前應先參閱相關的說明。Guidance notes to completion of this form should be read before completing this form.

獲批准項目名稱 Name of approved cost item (A)	單據編號/Receipt serial number (B)	單據日期 Date of receipt (C)	款項用途, 物件/服務/膳食的資料和對應活動的日期 Purpose of expense, description of the programme materials purchased/service obtained/meals served and date of activity (D)	供應商名稱 Name of vendor (E)	受惠人數 No. of beneficiaries (F)	數量	用款前已取得足夠數量而符合要求的報價(如適用)	不採納最低報價/沒有足夠報價的理由 Justification for not accepting the
Transportation		2017/07/10	Transportation (Form A)	N/A	N/A			
Publicity		2017/12/17	Stamps	7-Eleven	-			
Publicity		2018/01/18	Badges	Pak Ko Ind. Comp.				
Day camp		2018/03/08	mini packs of chocolate	Cheong Kee Food Company				
Day camp		2018/03/08	Stationery	Hoi Kee Book Store	50	-	\$300.00	N/A
Publicity		2017/08/13	Posters	Link2Sight Design Co.	-		\$6,000.00	N/A
Day camp		2018/03/08	Fee collected from ABC小學	ABC小學	-	-	(\$500.00)	N/A
Day camp		2018/03/08	Fee collected from DEF紀念小學	DEF紀念小學	-	-	(\$500.00)	N/A
Transportation		2017/10/16	Hire of coach to visit DIC	Jackson Coach Hire Service Ltd.	20	1 job	\$1,000.00	N/A
Equipment		2017/08/03	Personal computer	Hello Computers	-	1	\$4,800.00	N/A
External Audit Fee		2018/08/30	Audit fee	United Partners CPA Ltd.	N/A	1 job	\$5,000.00	N/A
總數Total							\$18,870.40	

7. 請計劃主任及高級職員簽署，
並蓋上機構印章

本人茲證明 We certify that-

(1)本人確定所有資料均真確無誤，而所有費用均用於禁毒基金會已批准的用途。

(2)本人確定購物/僱用服務/提供膳食均為必需，及符合計劃實際需要。

(3)本人確定所有開支，已恪守根據禁毒基金會發出的程序指引及撥款條件。

(4)本人認為在採購/僱用服務/用膳時，已盡所有能力，確保根據公平競爭的原則採購物品及服務，採購過程具透明度，而所採購的物品及服務是符合經濟原則的。

(5)本人確認已適當地分攤開支(若有的話)，而有關分攤的開支是直接用於計劃。

(1)We confirm that the information provided above is true and correct and all expenses were incurred for purposes approved by the Beat Drugs Fund Association.

(2)We confirm that the materials purchased/services hired/meals provided are essential for meeting the actual project requirement.

(3)We confirm that procedural guidelines and conditions of grants issued by the Beat Drugs Fund Association have been strictly followed when incurring project expenses.

(4)We are satisfied that in the procurement/hire of service/provision of meals, goods, services and meals are purchased in a competitive and equitable way, the process is transparent, and the purchases represent value for money.

(5) We confirm that reasonable apportionment of expenses, if any, has been made and the apportioned expenses are directly related to the project.

日期Date: 31/7/2018

計劃主管姓名, 職銜及簽名
Name, title and signature of the project-in-charge:

日期Date: 31/7/2018

獲撥款人/機構高級職員的姓名, 職銜及簽名
Name, title and signature of senior officer of the grantee:機構蓋章
Official seal:

1. 請參照獲批預算
(approved budget)填寫
本年度獲批的月薪水平

Pioneer Alliance

計劃名稱: Hong Kong Let's Beat Drugs

職銜 Rank of staff (A)	獲批准的月薪水平 (包括強積金) Monthly claim limit (incl. MPF) (B)	剩餘的獲批准的聘用 時限(按月計) Remaining balance of approved employment period (in months) (C)	員工姓名 Name of staff (D)	員工實收的月薪(連強積金) Actual Monthly salary (incl. MPF) (E)	中領薪金的期間 Salary period claimed (F)	期間內的薪金 Salary for the period (G)	因早前出現的調整而現時中領補償/退回的薪金(如有) Additional claim/refund due to adjustment from previous months (if applicable) (H)	實際向禁毒基金會中領的金額 (請參閱說明(2)及(3)) Actual Amount of Claim from BDF (See Notes (2) & (3)) (I)=(G)+(H)	剩下還可中領薪金的時限(按月計) Remaining period that can be claimed (in months) (J)=(C)-(I)	僱員簽署 Signature of staff (K)
Assistant Social Work Officer		12	Lui Ka Ho	\$32,000.00	1 Jun 2018 - 31 May 2019	\$384,000.00	\$5,820.00	\$389,820.00	0.00	
月薪和Sub-total for monthly paid staff								\$389,820.00		
獲批准的總薪金Approved staff cost								\$727,020.00		

職銜 Rank of staff (L)	獲批准的時薪 Hourly claim limit (M)	剩餘的獲批准的聘用 時限(按小時計) Remaining balance of approved employment period (in hours) (N)	員工姓名 Name of staff (O)	員工實收的時薪(連強積金) Actual Hourly salary (incl. MPF) (P)	中領薪金的期間 Salary period claimed (Q)	期間內的實際工作 時數(包括休息/用膳時間) (是/否) Actual number of working hours including rest/meal time (Yes/No) (R)	因早前出現的調整而現時中領補償/退回的薪金(如有) Additional claim/refund due to adjustment from previous months (if applicable) (S)	實際向禁毒基金會中領的金額 (請參閱說明(2)及(3)) Actual Amount of Claim from BDF (See Notes (2) & (3)) (T)=(P)+(S)	剩下還可中領薪金的時數(按小時計) Remaining hours that can be claimed (in hours) (U)=(N)-(T)	僱員簽署 Signature of staff (X)
時薪和Sub-total for hourly rated staff								\$0.00		
獲批准的總薪金Approved staff cost										

本人茲證明:
(1)本人確定所列出的員工於列明的時段內曾為本計劃獲批准的範圍工作,期間他們沒有計劃範圍以外的工作;
(2)本人確定表格上列出的員工於列明的時段內曾為本計劃獲批准的範圍工作,期間他們沒有計劃範圍以外的工作;
(3)本人確定向禁毒基金會申報及中領的薪金,已全數發放給員工,並沒有扣除任何金額。
(3) We confirm that the personal emoluments claimed from Beat Drugs Fund is fully paid to the staff.

日期Date: 31/5/2018

Name, title and signature of project in-charge

Wong Tai Ho, Project leader

日期Date: 31/5/2018

Director

機構蓋章
Official seal:



填寫表格的說明 Guidance Notes to Com

(1)此表格記錄月薪及時薪的僱員薪酬資料。僱員以完成何項工作的形式支取收入的話,應填明「記錄單」號碼等資料。

(2)僱主/機構只可以從禁毒基金會支付獲批准的薪金。僱主/機構需自行承擔逾期

(3)薪酬結算書/支薪記錄應由計劃主管或僱主/機構高級職員簽名作實,並與本表格一同提交。

(3) Salary statement/payroll record should be signed by project in-charge or a senior officer of the grantee and submitted together with this form.

3. 向禁毒基金會申領的金額 =
獲批准的月薪水平 或 員工實收的月薪;
兩者較低為準

4. 請受薪員工簽署

禁毒基金會 Beat Drugs Fund Association
申領發還交通支出表格 Claim Form for Travelling Expenses

FORM A

申領人姓名 Claimant's name: Lui Ka Ho

申領人職銜 Claimant's post title: Project Officer

計劃編號 Project No.: 159999

獲撥款人/機構

若路程包括往返居所，則須填寫居所地址(只需地區及街名)
If home-office journey is involved, the claimant's home address should be provided (district and street name only)

居所地址 Home address:

申領發還款項總額
Total amount claimed \$51.40

交通支出是從右方的項目支付：
The travelling expenses should be deducted from: Travel Expenses

(獲批准項目名稱)
(name of approved cost item)

第一部份 (由申領人填寫)
Section I (to be completed by claimant)

行程記錄 Records of journeys

4. 請填寫獲批准
分項開支名稱

2. 請扣除平日往返居所的
交通費

日期 Date	由 Origin	至 Destination	使用的交通工具(包括巴士和小巴路線號碼) Mode of transport used (incl. route no. of bus and minibus)	的士費 Taxi fare (a)	其他 Other expenses (b)	扣除平日往返居所的 交通費用 Deduction for normal home-office journey (c)	申領發還款項 Actual amount claimed for the journey (a)+(b)-(c)	乘搭的士的理由及乘客人數 Justification for use of taxi and number of passengers
2018-06-18	Wong Tai Sin (Office)	Cheung Sha Wan	MTR		6.7	0	6.7	School programme
2018-06-18	Cheung Sha Wan	Wong Tai Sin (Office)	MTR		6.7	0	6.7	School programme
2018-06-19	Wong Tai Sin (Office)	Cheung Sha Wan	Bus No. 2F		5.8	0	5.8	School programme
2018-06-19	Cheung Sha Wan	Lam Tin	MTR		8.2	0	8.2	Return home after programme
2018-06-23	Diamond Hill	Wong Tai Sin (Office)	Taxi	24		0	24	Return to office after school programme
申領發還款項總額 Total amount claimed							\$51.40	

注意Note:

(1) 乘搭公共交通工具及的士的行程記錄應在此表格。租用輕型客貨車、旅遊巴或貨車的資料不應記錄於此表格。的士單據應隨本表格一同提交。
(2) 獲撥款人應在節省開支及提高效率的前提下採用最合適的交通工具。
(3) 在行程中乘坐的士，應嚴加管制。申領人應事先取得上司的批准，才乘搭的士。申領人上司在批准前，應因執行職務而乘坐的士之前，必須有充分理由確信當時並無較廉宜或合適的交通工具。申領人在申請發還的士費時，必須提出理由，說明為何乘坐的士而不採用其他交通工具。

(4) 申領人往返居所和工作地點之間的行程所支付的交通費，通常不可獲全數發還，而須扣除申領人平日往返居所的交通費。如因特殊情況(例如行程是在非工作日作出)並無扣除相關費用，必須詳述理由。

(1) Records of journeys for use of public transports and taxis should be marked in this form. The hire of coaches, minibuses or lorries for transportation of group of passengers or items in bulk should NOT be recorded in this form. Receipts of taxis should be submitted together with this form.
(2) The most appropriate method of conveyance in the interest of economy and efficiency should be used.
(3) The use of taxis should be strictly controlled. The claimant should have obtained prior approval before using taxis. The claimant's supervisor must be fully satisfied that a more economical mode of conveyance is not available. Accordingly, claimants are required to explain in detail the reasons for using taxis.

(4) Travelling expenses incurred on journeys between home and work should be based on the expenses for a normal working day. If a claimant is required to travel on non-working days, full justification should be provided.

3. 請註明乘搭的士的理由，
並附上士單據

本人茲證明 I certify that

(1) 本人因獲禁毒基金批准的項目而行走於行程記錄表所示的所有路程，並已在所示的日期支付有關的交通費用。

(2) (如適用) 乘坐的士是因為無其他較廉宜或較合適的交通工具可供乘搭。乘搭的士的理由是充分和正確無誤。

(1) I have taken all journeys shown on the record of journeys for Beat Drugs Fund-approved purposes and paid for the travelling expenses so incurred on the dates indicated.

(2) (If applicable) Taxi was used because there was no other cheaper/suitable method of conveyance available. Detailed justifications provided are full, true and correct.

Happy CPA Limited

Project Ref: BDF159999

“Hong Kong Let’s Beat Drugs”

Annual Audited Accounts for the period
from 1 June 2017 to 31 May 2018

最終「經審計帳目」須涵蓋
項目開始至結束的整個時期（共24個月）；
並應註明**final audited account**

AUDITORS' REPORT TO THE GRANTEE

Pursuant to the undertaking made by Anti-drug Pioneer Alliance (“the grantee”) and the conditions of grant for implementation in respect of the captioned project (“the Project”) funded by the Beat Drugs Fund (BDF), we have performed a reasonable assurance engagement to report on whether the grantee have complied with, in all material respects, the requirements set by the Association (including the requirements to keep proper books and records and to prepare proper annual audited accounts of the Project for the period from 1 June 2017 to 31 May 2018 on pages 3 to 4) and all the conditions of grant, as specified in the following documents:

同上

第四部分

問答時間