

# 禁毒基金一般撥款計劃

## 擬備財務文件工作坊



2026年5月27日及29日

# 大綱

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(2025年度撥款計劃)

(2025年度撥款計劃指引第51段及附錄F)

(Guide to BDF RFS 2025 Funding Exercise Para. 51 & App. F)

## 分期發放模式/Instalment mode

- ❖ 自二零二五年度撥款計劃起，基金的撥款會透過分期發放模式發放，基金會如滿意項目進度、獲撥款者的表現和恪守撥款條件的情況，便會按照預先訂定的細則分期發放撥款。年期不同的項目的發放撥款安排詳情載於附錄F1至F2。
- ❖ Starting from 2025 RFS, all the grants will be disbursed by Instalment mode. Funds are disbursed according to a pre-determined schedule on the condition that BDFA is satisfied with the project progress, performance of the grantee and its compliance with conditions of grant. Details of BDF disbursement arrangements for projects of different project durations are at Appendices F1-F2.

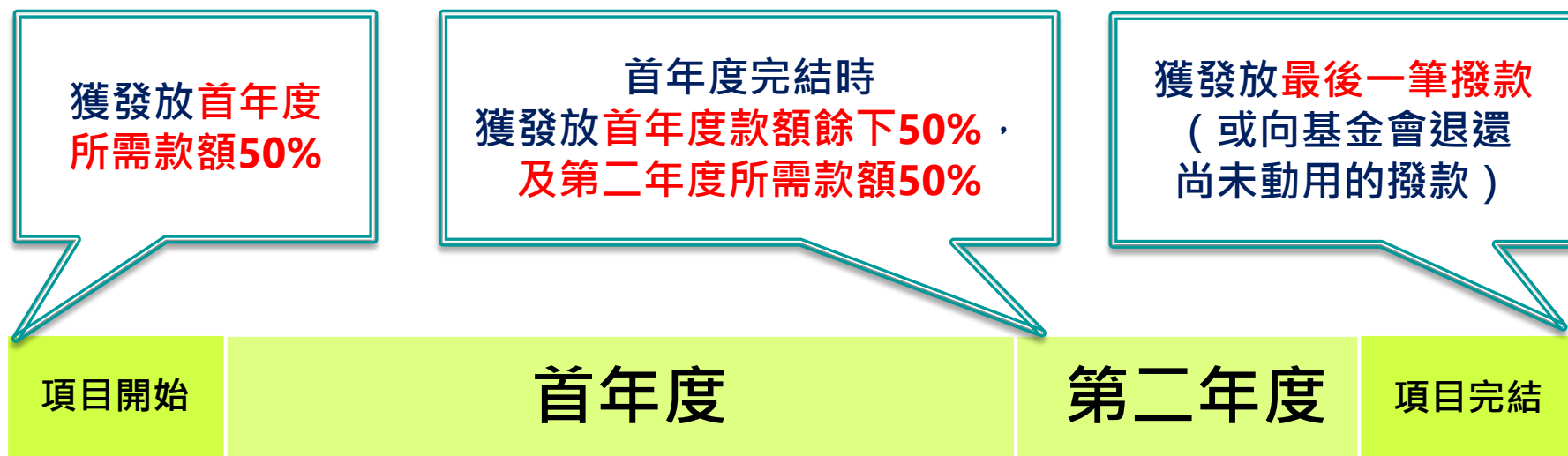
# 發放款項流程 – 分期發放模式

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- ✓ 已獲批額外撥款，以**外聘核數師**，進行年度及最終（涵蓋整段項目期間）的核數及核證
- ✓ 須開立及使用**專用銀行戶口**處理撥款
- ✓ 撥款將**分期**發放予機構
- ✓ 獲撥款機構／人不得為了任何目的提取撥款所產生的利息。**在任何期間從撥款賺取的銀行利息收入，均須在項目完結時歸還基金會。**利息收入不得用以資助項目，或是抵銷超出獲批撥款額的任何款項。


# 發放撥款安排 - 分期發放模式


如項目為期少於18個月



獲撥款者  
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 )

# 發放撥款安排 - 分期發放模式

如項目為期18個月或以上

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

獲撥款者  
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

- 撥款須**專用**於基金會批准的用途
- 在推行計劃時，須遵守批准書和承諾書訂明的所有條件
- 撥款必須以**經濟及審慎**的方式用於獲批項目的範圍內，以達成目標



# 禁毒基金程序指引

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- 一般而言，機構須確保項目不得使用基金會對其他項目的資助；或不得接受其他政府資助，亦不得交叉使用資源（例如以其他政府基金及／或政府資助服務／計劃的撥款及人員推行項目，反之亦然）。

3. In general, the project **must not be funded by BDF funding for other projects or other Government funding, and there must not be cross-utilisation of resources** (e.g. using funding and personnel under other BDF projects and/or Government subvented services/projects to carry out the project, or vice versa). For NGOs receiving subvention from the Social Welfare Department (SWD), with effect from 1 April 2025, SWD has exempted the cost-apportionment requirements for services/projects supported by BDF. In this connection, if NGOs operating SWD subvented services utilise SWD's subvention (including resources for staff, premises and central administrative costs) to deliver work for BDF, they do not have to compute and breakdown the resources so deployed or to indicate any details in the annual financial report. The target beneficiary and the output/outcome of the project must not be double-counted as those under any other BDF projects or Government subvented services (e.g. NGO's funding and service agreements) or projects.

# 禁毒基金程序指引

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- 項目的受惠對象和成果／成效不得與其他禁毒基金項目或接受政府補助的服務（例如非政府機構的撥款及服務協議）或計劃所涵蓋者重複計算。

3. In general, the project **must not be funded by BDF funding for other projects or other Government funding, and there must not be cross-utilisation of resources** (e.g. using funding and personnel under other BDF projects and/or Government subvented services/projects to carry out the project, or vice versa). For NGOs receiving subvention from the Social Welfare Department (SWD), with effect from 1 April 2025, SWD has exempted the cost-apportionment requirements for services/projects supported by BDF. In this connection, if NGOs operating SWD subvented services utilise SWD's subvention (including resources for staff, premises and central administrative costs) to deliver work for BDF, they do not have to compute and breakdown the resources so deployed or to indicate any details in the annual financial report. The target beneficiary and the output/outcome of the project must not be double-counted as those under any other BDF projects or Government subvented services (e.g. NGO's funding and service agreements) or projects.

# 禁毒基金程序指引

- 須按照基金會批准的  
財政預算和分項開支  
使用撥款

(例) 分項開支：  
6項

Beat Drugs Fund Regular Funding Scheme "Project" (Project reference no.: BDF2000 ) <b>Approved Budget</b>		
	Item	Amount Approved
1	Personal emolument <sup>1</sup> :  1 Full-time Assistant Social Work Officer: \$33,350.00 per month for first 12 months; and \$35,040.00 per month for subsequent 12 months  MPF is included in all rates	\$820,680.00
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	\$16,000.00
6	Administrative overhead <sup>4</sup>	\$40,000.00
	<b>Total</b>	<b>\$1,176,680.00</b>
Note :	(1) The grantee shall observe the maximum headcount, employment period and salary approved for each job position. For annual increment (such as advancement in the pay point of staff, e.g. from MPS 10 to MPS 11, arising from the continuous service of the staff member in the second or third year of the project) as approved in the project, it should be granted only if the staff member employed concerned has satisfactory continuous performance.	
	(2) Photocopiers and personal computers are <u>not</u> supported.	
	(3) External Audit Fee are <u>excluded</u> from the computation of the Administrative Overhead funding.	
	(4) The final recognised amount of administrative overhead will be adjusted according to the actual spending of the project.	

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# 禁毒基金程序指引

- 須備存詳細的會計紀錄和證明文件(例如單據和發票)，以證明款項如何運用及申請發還款項
- 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

- 須保存與一般撥款計劃資助有關的帳簿及所有其他相關紀錄及資料，保存期為計劃完成或最後一筆撥款發放後最少7年，或按照現行法例規定的期限，以較長時間者為準。
- 這些帳簿及紀錄須於任何合理時間供秘書處及審計署的獲授權人員查閱。



# 禁毒基金程序指引 – 須提交**審計報告**的項目

- 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





# 禁毒基金程序指引 – 須提交**審計報告**的項目

- ❑ 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 Year<sup>4</sup>] 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]<sup>5</sup>

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

採購5千至5萬元的  
貨品或服務



取得不少於**2個**  
符合要求的**書面報價**



# 禁毒基金程序指引 - 購置物品及設備 / 僱用服務

採購5萬元以上  
至20萬元的貨品

採購5萬元以上  
至50萬元的服務

取得不少於5個  
符合要求的書面報價



# 禁毒基金程序指引 - 購置物品及設備 / 僱用服務

採購20萬元以上的貨品

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 – 購置物品及設備 / 僱用服務

- 當運用禁毒基金的撥款進行採購時，獲撥款者須考慮到其維護國家安全的持續性責任，不得從事任何行為或活動從而危害國家安全。獲撥款者及其管理層在採購過程中的每一階段評估可能涉及的任何潛在國家安全風險或問題時，須保持審慎和敏感，並行使其專業判斷。獲撥款者在維護國家安全方面的責任具持續性，並持續在整個採購過程中的每一階段，包括採納合約前的階段及採納合約後的合約管理階段。
- 獲撥款者應確保其每一份採購文件中包含具體條款，以列明根據國家安全利益而取消投標者資格和終止就採購而訂立的合約。

# 禁毒基金程序指引

- 如有就項目申請「行政支援撥款」，將獲批一筆過的開支項目“Administrative Overhead”
- 在計算「行政支援撥款」的批款時，個別項目／活動（例如審計費用）的款項已被剔除

例子：

(3) External Audit Fee are excluded from the computation of Administrative Overhead funding.

Beat Drugs Fund Regular Funding Scheme "Project" (Project reference no.: BDF2000 ) <u>Approved Budget</u>		
	Item	Amount Approved
1	Personal emolument <sup>1</sup> :  1 Full-time Assistant Social Work Officer: \$33,350.00 per month for first 12 months; and \$35,040.00 per month for subsequent 12 months  MPF is included in all rates	\$820,680.00
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	\$16,000.00
6	Administrative overhead <sup>4</sup>	\$40,000.00
	<b>Total</b>	<b>\$1,176,680.00</b>
Note	(1) The grantee shall observe the maximum headcount, employment period and salary approved for each job position. For annual increment (such as advancement in the pay point of staff, e.g. from MPS 10 to MPS 11, arising from the continuous service of the staff member in the second or third year of the project) as approved in the project, it should be granted only if the staff member employed concerned has satisfactory continuous performance.	
	(2) Photocopiers and personal computers are <u>not</u> supported.	
	(3) External Audit Fee are <u>excluded</u> from the computation of the Administrative Overhead funding.	
	(4) The final recognised amount of administrative overhead will be adjusted according to the actual spending of the project.	
	xx/20 (PE&P) February 2021	

# 禁毒基金程序指引

- 須註明每年度擬向基金會申領發放的「行政支援撥款」的金額，惟毋須就此提交任何收據或付款單據等文件
- 「行政支援撥款」的最終確認金額會根據項目的實際開支及剔除項目的款項作調整。

Beat Drugs Fund Regular Funding Scheme "Project" (Project reference no.: BDF2000 ) <u>Approved Budget</u>		
	Item	Amount Approved
1	Personal emolument <sup>1</sup> :  1 Full-time Assistant Social Work Officer: \$33,350.00 per month for first 12 months; and \$35,040.00 per month for subsequent 12 months  MPF is included in all rates	\$820,680.00
2	Publicity	\$150,000.00
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(4) The final recognised amount of administrative overhead will be adjusted according to the actual spending of the project.

# 禁毒基金程序指引

- 應備存**資產記錄冊**，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

Beat Drugs Fund Regular Funding Scheme "Project" (Project reference no.: BDF2000 ) <b>Approved Budget</b>		
	Item	Amount Approved
1	Personal emolument <sup>1</sup> :  1 Full-time Assistant Social Work Officer: \$33,350.00 per month for first 12 months; and \$35,040.00 per month for subsequent 12 months  MPF is included in all rates	\$820,680.00
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	\$16,000.00
6	Administrative overhead <sup>4</sup>	\$40,000.00
	<b>Total</b>	<b>\$1,176,680.00</b>
Note	<p>(1) The grantee shall observe the maximum headcount, employment period and salary approved for each job position. For annual increment (such as advancement in the pay point of staff, e.g. from MPS 10 to MPS 11, arising from the continuous service of the staff member in the second or third year of the project) as approved in the project, it should be granted only if the staff member employed concerned has satisfactory continuous performance.</p> <p>(2) Photocopiers and personal computers are <u>not</u> supported.</p> <p>(3) External Audit Fee are <u>excluded</u> from the computation of the Administrative Overhead funding.</p> <p>(4) The final recognised amount of administrative overhead will be adjusted according to the actual spending of the project.</p>	
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# 禁毒基金程序指引

## □ 固定資產記錄冊樣本



Register of Assets for BDF Project No. 189999

Grantee: Anti-drug Pioneer Alliance

Item	Date of Purchase	Price	Brand	Model	Serial No.	No. of Units	Location of Item	Person-in-charge
Camera	30/6/2020	\$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

## 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

## ❖ 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（申領發放「**行政支援撥款**」除外，稍後將作解說）
- ✓ 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：6項

	Item	Amount Approved
1	Personal emolument <sup>1</sup> :  1 Full-time Assistant Social Worker: \$29,547 per month for first 12 months; and \$31,038 per month for subsequent 12 months  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	\$16,000.00
6	Administrative overhead <sup>4</sup>	\$30,000.00
	<b>Total</b>	<b>\$1,073,020.00</b>

# 擬備財務文件需注意事項

## ❖ 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**



# 擬備財務文件需注意事項

如項目不包含獲批開支  
「行政支援撥款」

禁毒基金會 Beat Drugs Fund Association

由獲撥款人/機構填寫的收入及支出細項表 (適用於不包含獲批准的開支項目「行政支援撥款」的項目)  
Particulars of Income and Expenditure Items to be Completed by Grantee (for projects without approved cost item "Administrative Overhead")

# 收入及支出細項表

計劃編號 Project No.: **2500xx**      獲撥款人/機構名稱 Name of grantee: **Anti-drug Pioneer Alliance**      計劃名稱: **Hong Kong Let's Beat Drugs**

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)	數目用途、採購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) (K)	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	2027/05/31	Social Work Assistant, Lui Ka Ho	--	--	12 months	\$211,995.00		
	(1)-2	2027/05/31	Activity Assistant, Chan				\$13,600.00		
	(1)-3	2027/05/31	Activity Assistant, Wu				\$10,400.00		
Personal Emolument						Sub-total	\$235,995.00		
Publicity	(2)-1	2026/05/13	Leaflets	Link2Sight Design Co.	--	500	\$5,440.00	Y	N/A, lowest offer accepted
	(2)-2	2026/05/13	Colour posters	Good View Colour Laser Copy Centre	--	10	\$35.00	N/A	
	(2)-3	2026/05/17	Stamps for posting posters	7-Eleven	--	20	\$34.00	N/A	
	(2)-4	2026/05/18	Badges	Pak Ko Ind. Comp.	750	750	\$1,725.00	N/A	
Publicity						Sub-total	\$7,234.00		
Anti-drug activities	(3)-1	2026/05/08	mini packs of choo	ny	80	80 packs	\$960.00	N/A	
	(3)-2	2026/05/22	Stationery	Hoi Kee Book Store	50	--	\$300.00	N/A	
	(3)-43	2026/05/23	School fee collected from ABC小學	ABC小學	--	--	(\$500.00)	N/A	
	(3)-44	2026/05/25	School fee collected from DEF紀念小學	DEF紀念小學	--	--	(\$500.00)	N/A	
	(3)-45	2026/05/25	Computers	Hello Computers	--	1	<del>\$4,800.00</del>	N/A	
Anti-drug activities						Sub-total	\$260.00		
Travel Expenses	Form A-Lui Ka Ho (June)	2026/05/28	Transportation	N/A	N/A	N/A	\$42.70	N/A	
	(4)-1	2026/05/16	Hire of coach to visit DIC	Jackson Coach Hire Service Ltd.	20	1 job	\$650.00	N/A	
Travel Expenses						Sub-total	\$692.70		
External Audit Fee	(5)-1	2026/06/03	Audit for first project year	United Partners CPA Ltd.	N/A	1 job	\$3,000.00	N/A	
External Audit Fee						Sub-total	\$3,000.00		
<b>總數Total</b>							<b>\$247,181.70</b>		

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)

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

3. 請按開支分項編配單據編號, 如(2)-1, (2)-2 等等

4. 請註明購買數量

8. 未獲准的開支不應向基金會申請還款

5. 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/投標紀錄

6. 扣減收入

7. 各分項均不可超支, 小計(sub-total)數字應與核數報告相同

# 收入及支出細項表

## Toolkit Attachment 6

## Appendix IX

### 本人茲證明 We certify that-

- (1)本人確定所有資料均屬正確無誤，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 under purposes approved by 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 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: 04/06/2027

日期Date: 13/06/2027

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 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/飲品、文儀用品、現金券/書券、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)僱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(僱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券/書券，必須保留分發名單記錄。

### 備註 Remarks:

- (A)根據禁毒基金會發出的通知書上的「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。如物品/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、僱用服務或用膳前，應按禁毒基金會的指引取得足夠數量而符合要求的報價/投標。獲撥款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。

9. 請計劃主管及高級職員簽署，並蓋上機構印章

- (1) Programme materials should be ready-made for immediate deployment. Examples: stationery, stationery, stationery.
- (2) Services include design and printing, photocopying, online services, tutor fees, speaker fees, 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

如項目包含獲批開支  
「行政支援撥款」

# 擬備財務文件需注意事項

## ❖ 收入及支出細項表 (I&E Form)

### ( 如項目包含獲批開支「行政支援撥款」 )

- ✓ 如有關開支是用以計算擬申領的行政支援撥款，請在(K)欄加上剔號(✓)註明。
- ✓ 須註明每年度擬向基金會申領發放的「行政支援撥款」的金額，惟毋須就此提交任何收據或付款單據等文件
- ✓ 「行政支援撥款」的最終確認金額會根據項目的實際開支及剔除項目作調整。

# 收入及支出細項表

禁癮基金會 Beat Drugs Fund Association  
 由獲撥款人機構填寫的收入及支出細項表 (適用於包含獲批准的開支項目「行政支援撥款」的項目)  
 Particulars of Income and Expenditure Items to be Completed by Grantee (for projects with approved cost item "Administrative Overhead")

計劃編號  
Project No.: 2500xx

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

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)	數值用... 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)	用以計算額申領的行政支援撥款的支出(✓) Expense for computation of Administrative Overhead to be claimed (✓) (K)	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) (L)	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 (M)
Personal Emolument	(1)-1	2027/05/31	Social Work Assistant, Lui Ka Ho	--	--	12 months	\$211,995.00	✓		
	(1)-2	2027/05/31	Activity Assistant, Chan				\$13,800.00	✓		
	(1)-3	2027/05/31	Activity Assistant, W				\$10,400.00	✓		
Personal Emolument						Sub-total	\$235,995.00			
Publicity	(2)-1	2026/05/13	Leaflets	Link2Sight Design Co.	--	500	\$6,440.00	✓		N/A, lowest offer accepted
	(2)-2	2026/05/13	Colour posters	Good View Colour Laser Copy Centre	--	10	\$35.00	✓	N/A	
	(2)-3	2026/05/17	Stamps for posting posters	7-Eleven	--	20	\$34.00	✓	N/A	
	(2)-4	2026/05/18	Badges	Pak Ko Ind. Comp.	750	750	\$1,725.00	✓	N/A	
Publicity						Sub-total	\$7,234.00			
Anti-drug activities	(3)-1	2026/05/08	mini packs of choo	ny	80	80 packs	\$980.00	✓	N/A	
	(3)-2	2026/05/22	Stationery	Hot Kee Book Store	50		\$300.00	✓	N/A	
	...	...	...	...	...	...	...	...	...	...
	(3)-43	2026/05/23	School fee collected from ABC小學	ABC小學	--	--	(\$500.00)		N/A	
	(3)-44	2026/05/25	School fee collected from DEF紀念小學	DEF紀念小學	--	--	(\$500.00)		N/A	
	(3)-45	2025/05/25	Computers	Hello Computers	--	1	\$4,800.00		N/A	
Anti-drug activities						Sub-total	\$260.00			
Travel Expenses	Form A-Lui Ka Ho (June)	2026/05/28	Transportation	N/A	N/A	N/A	\$42.70	✓		
	(4)-1	2026/05/16	Hire of coach to visit DIC	Jackson Coach Hire Service Ltd	20	1 job	\$850.00	✓		
Travel Expenses						Sub-total	\$692.70			
External Audit Fee	(5)-1	2026/06/03	Audit for first project year	United Partners CPA Ltd.	N/A	1 job	\$3,000.00		N/A	
External Audit Fee						Sub-total	\$3,000.00			
Administrative Overhead	N/A	N/A	Administrative overhead for first project year	N/A	N/A	N/A	\$12,259.00			
Administrative Overhead						Sub-total	\$12,259.00			
<b>總數Total</b>							<b>\$259,440.70</b>			

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)

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

3. 請按開支分項編配單據編號, 如(2)-1, (2)-2 等等

5. 如該開支細項為用以計算擬申領的「行政支援撥款」的支出, 請加上別號(✓)註明

9. 未獲准的開支不應向基金會申請還款

6. 就5千元或以上的購置項目, 須填寫(L)及(M)欄及提交相關報價/投標紀錄

4. 請註明購買數量

7. 扣減收入

8. 各分項均不可超支, 小計(sub-total)數字應與核數報告相同

10. 請註明擬向基金會申領發放的「行政支援撥款」的金額, 惟毋須提交任何收據或付款單據等文件

本人茲證 *we certify that:*

(1)本人確定所有資料均屬真實無誤，而所有費用均用於禁藥等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，已恪守根據禁藥等基金會發出的程序指引及撥款條件。

(4)本人確定在採購/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 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 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: 04/06/2027

日期Date: 13/06/2027

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

**Felix**  
Felix Wong Tai Ho, Project leader  
**E Chan**  
Elaine Chan Mei Kuen, Director

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:

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/飲品、文儀用品、現金券/書券、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)僱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(僱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券/書券，必須保留分發名單記錄。

## 備註 Remarks:

(A)根據禁藥等基金會發出的通知書上的「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。如物品/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標明於單據上，可略去不寫。

(H)填上每一張單據的總額。

(K)如有關開支是用以計算擬申領的行政支援撥款，請加上劃號(✓)。

(L)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、僱用服務或膳食，應按禁藥等基金的指引取得足夠數量而符合要求的報價/投標。獲撥款機構應妥善記錄報價資料，以便禁藥等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藥等基金會。

(1) Programme material  
Examples: snacks, paper

(2) Services include design and printing, photocopying, online services, tutor fees, speaker fees, venue hire, 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) If the expense is for computation of Administrative Overhead to be claimed, please insert a tick mark (✓).

(L) 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.

11. 請計劃主管及高級職員簽署，  
並蓋上機構印章

# 擬備財務文件需注意事項

## ❖ 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  
8 July 2016  
收 RECEIPT 據  
Received from Anti-drug Pioneer Alliance  
the sum of H. K. Dollars 貳萬陸仟元正  
H.K. \$ 20100.00  
Felix Wong Tai Ho, Project leader

# 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: 2598 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: G3809110626  
 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 Wong Tai Ho, Project leader

單據由1位職員簽署，寫上其姓名及蓋上機構印章

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  
 歡迎光臨7-Eleven (1011)

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: 597			2016-06-17 09:30:54 交易編號: 40971 收銀機: 031 收銀員: 597		

Felix Wong Tai Ho, Project leader

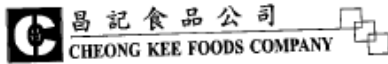
容易褪色的單據應同時交上影印本

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  
Received from

港幣 玖佰陸拾元正  
the sum of H. K. Dollars

俵付 \$ 20100300529  
in payment of

H.K. \$

現金 / 銀行支票號碼 收妥作實 總平人

Felix

Felix Wong Tai Ho, Project leader



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號禧匯工業中心4樓09室  
Tel: (852) 26994286 Fax: (852) 26904286 www.ckf.com.hk

款: 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	單價 UNIT PRICE	數量 QUANTITY	折扣 DISC	金額 AMOUNT
0012	迷你三角朱古力1袋 x 80粒	96.00	10袋	HKD	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:  
折扣 (DISCOUNT): HKD  
總金額 (TOTAL): HKD 960.00  
Confirmed & Accepted by For and on behalf of

Company Chop & Signature(s)

Authorized Signature(s)



# 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
t.h.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. Lau 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

## 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

## ❖ 薪酬記錄 (Form B)

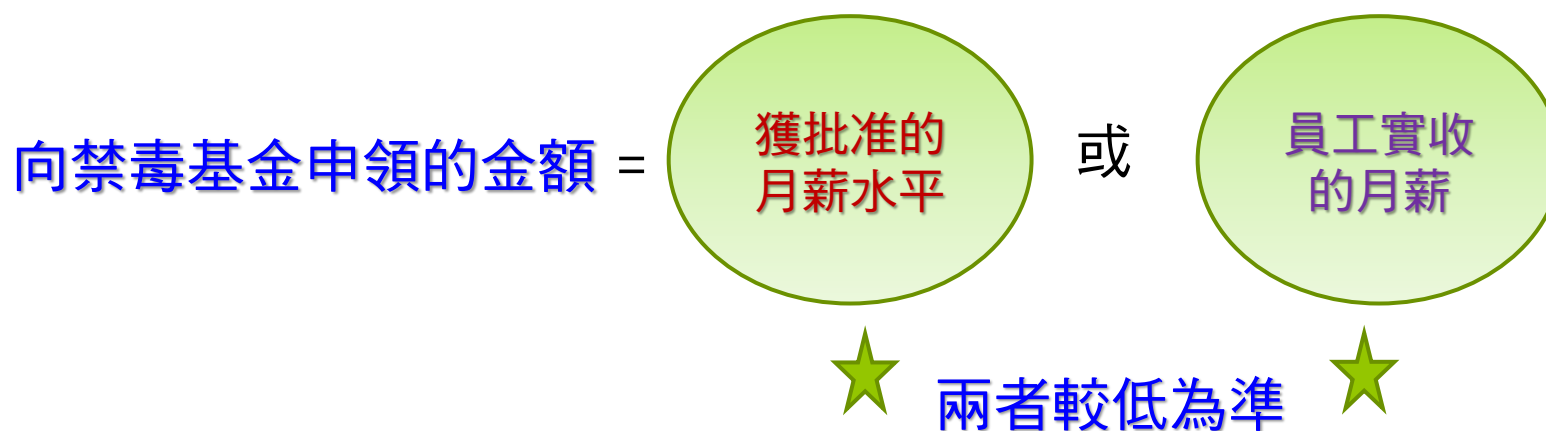
Beat Drugs Fund Regular Funding Scheme "Project" (Project reference no.: BDF1900 ) <u>Approved Budget</u>		
	Item	Amount Approved
1	Personal emolument <sup>1</sup> :  1 Full-time Assistant Social Worker: \$29,547 per month for first 12 months; and \$31,038 per month for subsequent 12 months  MPF is included 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	\$16,000.00
6	Administrative overhead <sup>4</sup>	\$30,000.00
	<b>Total</b>	<b>\$1,073,020.00</b>

獲批准的月薪水平

# 擬備財務文件需注意事項

## ❖ 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

## ❖ 薪酬記錄 (Form B) 相關文件

### 薪俸結算書/支薪紀錄

### (salary statement/payroll record)

The image shows a sample Form B salary statement. At the top right, the date is 27/07/2011. The employee's name is John Smith. The amount paid is \$1,146.99. The pay is made to the order of John Smith, with the amount written in words: "One Thousand One Hundred Forty Six Dollars and 99/100 DOLLARS". The bank information is ABC Bank, 1000 Street name. There is a signature of John Smith. The memo field is blank. The MICR line is ⑈ 243 ⑈ 1:00005⑈123⑈ 123⑈456⑈7⑈. The employer information is Employer: XYZ, Inc., 1000, Street Name, City, Province, A1A1A1. The employee name is also listed as John Smith.

- ✓ 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

薪俸結算書/  
支薪紀錄  
(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											
<b>Total</b>											
1											
2											
3											
4											
5											
<b>Total</b>											
<b>Total quarter</b>											
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<b>Total</b>											
<b>Total quarter</b>											
<b>Total page</b>											

# 薪酬記錄

計劃編號  
Project No: 121004

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：(2)填寫本表格前應先參閱相關的說明。Guidance notes to completion of this form should be read before marking this form.

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

2. 須按月列明員工獲調整的薪金金額，以得出獲調整後的薪金是否合乎獲批水平

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

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)	實際向禁毒基金會申領的金額 (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)
Social Work Assistant	\$18,000.00	12	Lui Ka Ho	\$18,800.00	1 Jun 2026 - 31 May 2027	\$201,600.00	\$10,396.00	\$211,996.00	0.00	Lui
月薪和Sub-total for monthly paid staff									\$211,995.00	
獲批准的總薪金Approved staff cost									\$432,000.00	

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 (連同強積金) 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 時數 Actual number of working hours including rest/meal time (Yes/No) (S)	期間內的薪金 Salary for the period (T)=(P)x(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)	實際向禁毒基金會申領的金額 (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											
獲批准的總薪金Approved staff cost											

4. 請受薪員工簽署

本人茲證明 We certify that:

- (1)本人確定所有資料均屬準確。
- (2)本人確定表格上列出的員工於列明的時段內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會匯報及申領的薪金，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 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.

5. 請計劃主管及高級職員簽署，並蓋上機構印章

日期Date: 31/05/2027

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

日期Date: 31/05/2027

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

機構印章  
Official seal: 

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

- (1)此表格紀錄月薪及時薪制的僱員薪金資料，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」紀錄該項資料。
- (2)獲撥款人/機構只可以從禁毒基金會支付獲批准的薪金水平(按月/小時計)。若獲撥款人/機構發放高於獲批准的薪金，撥款人/機構需自行承擔差額。
- (3)薪俸結算書/支薪紀錄應由計劃主管或獲撥款人/機構高級職員簽名作實，並隨本表格一同提交。
- (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.
- (2) Grantees are allowed to remunerate staff up to the approved rates (per month or hour). The grantee shall be solely responsible for any provision beyond Beat Drugs Fund Association's approved rate.
- (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.

# 擬備財務文件需注意事項

## 禁毒基金會表格

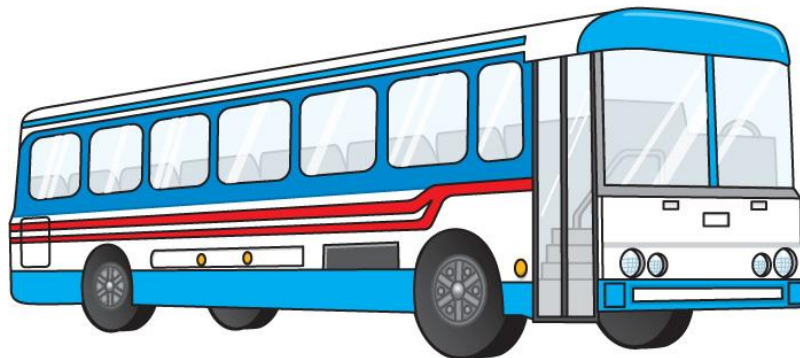
- ❖ 收入及支出細項表 (I&E Form)
- ❖ 薪酬記錄 (Form B)
- ❖ 交通支出表格 (Form A)



# 擬備財務文件需注意事項

## ❖ 交通支出表格 (Form A)

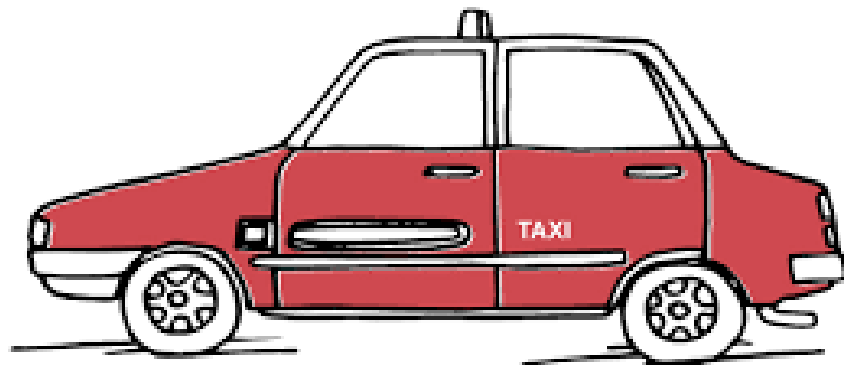
- ✓ 就**每項行程**列出日期、出發地、目的地、公共交通工具種類及路線號碼、交通費
- ✓ 須填寫居住地區，並**扣除平日往返居所的交通費**；如因特殊情況(例如行程是在非工作日作出)並無扣除相關費用，須詳述理由
- ✓ 由申領人**簽署作實**，申領人上司或機構高級職員**加簽及蓋章**



# 擬備財務文件需注意事項

## ❖ 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

Form Attachment 7

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

Appendix IX - FORM A

申領人姓名 Claimant's name: Lui Ka Ho  
 計劃編號 Project No.: 2500xx

申領人職銜 Claimant's post title: Social Work Assistant  
 獲撥款人/機構名稱 Name of grantee: Anti-drug Pioneer Alliance

須填寫居所地址(只需地區及街名)  
 the claimant's home address must be provided (district and street name only)

居所地址 Home address: Kai Tin Road, Lam Tin

1. 請員工填寫  
 居住地區及街名

申領發還款項總額  
 Total amount claimed \$42.70

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

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)	申領發還款項 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)					
2026-06-18	Wong Tai Sin (Office)	Cheung Sha Wan	MTR		6.7	0	6.7	School programme	-	
2026-06-18	Cheung Sha Wan	Wong Tai Sin (Office)	MTR		6.7	0	6.7	School programme	-	
2026-06-19	Wong Tai Sin (Office)	Cheung Sha Wan	Bus No. 2F		5.8	0	5.8	School programme	-	
2026-06-19	Cheung Sha Wan	Lam Tin	MTR		8.2	6.7	1.5	Return home after programme	-	
2026-06-23	Diamond Hill	Wong Tai Sin (Office)	Taxi	22		0	22	Return to office after school programme	Travelling with 3 volunteers. Materials were heavy; cheaper to use taxi than public transport	
申領發還款項總額 Total amount claimed							<u>\$42.70</u>			

2. 須扣除平日  
 往返居所的  
 交通費

3. 須註明乘搭的士的理由，  
 並附上士單據

**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，應量加管制。申領人應先取得上司的批准，才乘搭的士。申領人上司在批准屬員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士交通費。如因特殊情况(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, 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.
- (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.



# 交通支出表格

Toolkit Attachment 7

## 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。  
(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.

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

日期Date:

28/06/2026

申請人簽名 Signature of claimant:

Lui

4. 請申請人簽署，由上司或高級職員加簽並蓋上機構印章

第二部份 (由申請人上司或獲撥款人/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) 本人確定第一部分的所有資料均真實無誤。  
(2) 本人確定申請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) 申請人乘坐的士前已得到事先批准，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。  
(4) 本人認為已對交通支出嚴加管制和提出申請支出的理由是非常充分的。  
(5) 本人明白獲發還交通支出的條件，即任何多付給申請人的款項可悉數向獲撥款人/機構討回。
- (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 in the interest of economy and efficiency.  
(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) I am satisfied that claim of travelling expenses is strictly controlled and fully justified.  
(5) I acknowledge that the travelling expenses are reimbursed on the condition that any overpayment is recoverable in full.

日期Date:

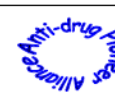
28/06/2026

申請人上司或獲撥款人/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:



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

申請人所提供的資料，將用於處理發還交通費及其他相關事宜。禁毒基金會人員、各政策局局長、部門首長及/或獲指派負責處理款項及有關事宜的人員，可能會得悉這些資料。根據《個人資料(私隱)條例》，申請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 March 2026)

## 第三部分

# 財務文件範例焦點討論

# 範例焦點討論 – 背景資料

- ❖ 獲准預算開支  
( 假設項目獲批  
「行政支援撥款」 )

	Item	Amount Approved
1	Personal emolument <sup>1</sup> :  1 Full-time Assistant Social Worker: \$29,547 per month for first 12 months; and \$31,038 per month for subsequent 12 months  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	\$16,000.00
6	Administrative overhead <sup>4</sup>	\$30,000.00
	<b>Total</b>	<b>\$1,073,020.00</b>
Note	(1) The grantee shall observe the maximum headcount, employment period and salary approved for each job position. Annual increment may be granted only for the staff employed for the project with satisfactory continuous performance. The rates for annual pay adjustment shall not exceed the rates approved for civil servants in each financial year.	
	(2) Photocopiers and personal computers are <u>not</u> supported.	
	(3) External Audit Fee are <u>excluded</u> from the computation of the Administrative Overhead funding.	
	(4) The final recognised amount of administrative overhead will be adjusted according to the actual spending of the project.	
	xx/19 (PE&P) February 2020	

# 範例焦點討論－文件樣本

- ❖ 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)

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

獲批准項目名 Name of approved 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 Purpose and 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)	Expense for computation of Administrative Overhead to be claimed (✓) (K)	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) (L)	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 (M)
Transportation		2019/07/10	Transportation (Form A)	N/A	N/A	N/A	\$49.40		N/A	
Publicity										
Publicity										
Day camp										
Day camp										
Publicity										
Day camp		2020/03/08	Fee collected from ABC小學	ABC小學	--	--	(\$500.00)		N/A	
Day camp		2020/03/08	Fee collected from DEF紀念小學	DEF紀念小學	--	--	(\$500.00)		N/A	
Transportation		2019/10/16	Hire of coach to visit DIC	Jackson Coach Hire Service Ltd.	20	1 job	\$1,000.00		N/A	
Equipment		2020/06/03	Personal computer	Hello Computers	--	1	\$4,800.00		N/A	
External Audit Fee		2020/06/30	Audit fee	United Partners CPA Ltd.	N/A	1 job	\$5,000.00		N/A	
<b>總數 Total</b>								<b>\$18,868.40</b>		

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

**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/備用服務/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/備用服務/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 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 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: 31/7/2020

日期Date: 31/7/2020

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

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:

### 4. 未獲准的開支不應向基金申請還款

禁毒基金會 Beat Drugs Fund Association  
 獲撥款人機構填寫的收入及支出細項表 (適用於包含獲批准的開支項目)  
 Income and Expenditure Items to be Completed by Grantee (for projects approved)

獲撥款人機構名稱: Anti-drug Pioneer Alliance

### 5. 請註明購買數量

\* All the required information in all applicable columns should be filled in.  
 所有相關的說明。Guidance notes to completion of this form should be read before completing this form.

獲批准項目 Name of approved item (A)	收據號碼 Receipt 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 Quantity purchased (G)	支出(收) Expense / (Income) (H)	核實 Confirmation of expenditure (I) (✓)	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) (NAY/N) (L)	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 (M)
Transportation		2019/07/10	Transportation (Form A)	N/A	N/A	N/A			N/A	
Publicity		2019/12/17	Stamps	7-Eleven	--	20	10.00		N/A	
Publicity		2020/01/18	Badges	Pak Ko Ind. Comp.	750	750	1,725.00		N/A	
Day camp		2020/03/08	mini packs of chocolate	Cheong Kee Food Company	80	80 packs	\$960.00		N/A	
Day camp		2020/03/08	Stationery	Hoi Kee Book Store	50	--	\$300.00		N/A	
Publicity		2019/06/13	Posters	Link2Sight Design Co.	--	--	\$6,000.00		N/A	
Day camp		2020/03/08	Fee collected from ABC小學	ABC小學	--	--	(\$500.00)		N/A	
Day camp		2020/03/08	Fee collected from DEF紀念小學	DEF紀念小學	--	--	(\$500.00)		N/A	
Transportation		2019/10/16	Hire of coach to visit DIC	Jackson Coach Hire Service Ltd.	20	1 job	\$1,000.00		N/A	
Equipment		2020/06/03	Personal computer	Hello Computers	--	1	\$4,800.00		N/A	
External Audit Fee		2020/06/30	Audit fee	Unfiled Partners CPA Ltd.	N/A	1 job	\$5,000.00		N/A	
<b>總數 Total</b>								<b>\$18,868.40</b>		

**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/備用服務/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/備用服務/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)本人確認已適當地方攤開支(若有的話), 而有關攤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 the purposes approved by Beat Drugs Fund Association.
- (2)We confirm that the materials purchased/services hired/meals provided are essential for meeting the project requirement.
- (3)We confirm that procedural guidelines and conditions of grants issued by Beat Drugs Fund Association are strictly followed when incurring project expenses.
- (4)We are satisfied that in the procurement/hire of service/provision of meals, goods, services, 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 appropriate expenses are directly related to the project.

日期Date: 31/7/2020

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

日期Date: 31/7/2020

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:

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

**禁毒基金會 Beat Drugs Fund Association**  
 由獲撥款人機構填寫的收入及支出細項表 (適用於包含獲批准的開支項目「行政支援撥款」的項目)  
 Particulars of Income and Expenditure Items to be Completed by Grantee (for projects with approved cost item "Administrative Overhead")

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

7. 如有關開支是用以計算擬申領的行政支援撥款，須加上剔號(✓)註明。

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)	Quantity purchased (G)	Expense / (income) (H)	用以計算擬申領的行政支援撥款的支出(✓) Expense for computation of Administrative Overhead to be claimed (✓)	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) (L)	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 (M)
Transportation		2019/07/10	Transportation (Form A)	N/A	N/A	N/A	\$49.40		N/A	
Publicity		2019/12/17	Stamps	7-Eleven	--	20	\$34.00		N/A	
Publicity		2020/01/18	Badges	Pak Ko Ind. Comp.	750	750	\$1,725.00		N/A	
Day camp		2020/03/08	mini packs of chocolate	Cheong Kee Food Company	80	80 packs	\$960.00		N/A	
Day camp		2020/03/08	Stationery	Hoi Kee Book Store	50	--	\$300.00		N/A	
Publicity		2019/06/13	Posters	Link2Sight Design Co.	--		\$6,000.00		N/A	
Day camp		2020/03/08	Fee collected from ABC小學	ABC小學	--	--	(\$500.00)		N/A	
Day camp		2020/03/08	Fee collected from DEF紀念小學	DEF紀念小學	--	--	(\$500.00)		N/A	
Transportation		2019/10/16	Hire of coach to visit DIC	Jackson Coach Hire Service Ltd.	20	1 job	\$1,000.00		N/A	
Equipment		2020/06/03	Personal computer	Hello Computers	--	1	\$4,800.00		N/A	
External Audit Fee		2020/06/30	Audit fee	United Partners CPA Ltd.	N/A	1 job	\$5,000.00		N/A	
<b>總數 Total</b>								<b>\$18,868.40</b>		

本人茲證明以上資料為真確，且所有開支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 Beat Drugs Fund Association.

(2) 本人確定購物/備用開支均符合實際項目需要。  
 (3) 本人確定所有開支均符合實際項目需要。  
 (4) 本人認為在採購物料、採購過程人員透明度。  
 (5) 本人確認已適當處理。

8. 擬申領的行政支援撥款(administrative overhead)亦應包括在「收入及支出細項表」(I&E Form)內

日期Date:

日期Date: 31/7/2020

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**  
 由獲撥款人/機構填寫的收入及支出細項表 (適用於包含獲批准的開支項目「行政支援撥款」的項目)  
 Particulars of Income and Expenditure Items to be Completed by Grantee (for projects with approved cost item "Administrative Overhead")

 計劃編號  
 Project No.: 189999

 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 Quantity (G)	用以計算撥中項的行政支援撥款的支出 (✓) Expense for computation of Administrative (H)	用款前已取得足夠數量而符合要求的報價(如適用) Justification for not accepting the (I)	不採納最低報價沒有足夠報價的理由 Justification for not accepting the (J)
Transportation		2019/07/10	Transportation (Form A)	N/A	N/A	N/A			
Publicity		2019/12/17	Stamps	7-Eleven	--				
Publicity		2020/01/18	Badges	Pak Ko Ind. Comp.	750				
Day camp		2020/03/08	mini packs of chocolate	Cheong Kee Food Company	80	80 pack			
Day camp		2020/03/08	Stationery	Hoi Kee Book Store	50	--			
Publicity		2019/06/13	Posters	Link2Sight Design Co.	--		\$6,000.00		N/A
Day camp		2020/03/08	Fee collected from ABC小學	ABC小學	--	--	(\$500.00)		N/A
Day camp		2020/03/08	Fee collected from DEF紀念小學	DEF紀念小學	--	--	(\$500.00)		N/A
Transportation		2019/10/16	Hire of coach to visit DIC	Jackson Coach Hire Service Ltd.	20	1 job	\$1,000.00		N/A
Equipment		2020/06/03	Personal computer	Hello Computers	--	1	\$4,800.00		N/A
External Audit Fee		2020/06/30	Audit fee	Unfiled Partners CPA Ltd.	N/A	1 job	\$5,000.00		N/A
<b>總數Total</b>							<b>\$18,868.40</b>		

**9. 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/備用服務/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/備用服務/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)本人確認已適當地方攤開支(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 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 fair 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: 31/7/2020

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

日期Date: 31/7/2020

 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

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

Pioneer Alliance

計劃名稱: Hong Kong Let's Beat Drugs

月薪制的員工 Monthly paid

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 期限(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)	申請薪金的期間 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 時申請補補/退回的薪金 (如有) Additional claim/refund due to adjustment from previous months (if applicable) (H)	實際向禁毒基金申請的金額 (請參閱附註(2)及(3)) Actual Amount of Claim from BDF (See Notes (2) & (3)) (I)=(G)+(H)	剩下應可申請薪金的時 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		12	Lui Ka Ho	\$32,000.00	1 Jun 2021 - 31 May 2022	\$384,000.00	\$5,820.00	\$389,820.00	0.00	
月薪制Sub-total for monthly paid staff								\$389,820.00		
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 (L)	獲批准的月薪水平 (連同強積金) Monthly claim limit (incl. MPF) (M)	剩餘的獲批准的聘用 期限(按月計) Remaining balance of approved employment period (in months) (N)	員工姓名 Name of staff (O)	員工實收的月薪 (連強積金) Actual Monthly salary (incl. MPF) (P)	申請薪金的期間 Salary period claimed (Q)	期間內的實際工時 Actual number of working hours in the period (R)	實際工時包括休息 /用膳時間 (是/否) Actual number of working hours including rest/meal time (Yes/No) (S)	因早前出現的調整而現 時申請補補/退回的薪金 (如有) Additional claim/refund due to adjustment from previous months (if applicable) (U)	實際向禁毒基金申請的金額 (請參閱附註(2)及(3)) Actual Amount of Claim from BDF (See Notes (2) & (3)) (V)=(T)+(U)	剩下應可申請薪金的時 限(按小時計) Remaining no. hours that can be claimed (W)=(N)- (R)	僱員簽署 Signature of staff (X)
時薪制Sub-total for hourly rated staff										\$0.00	
獲批准的總薪金Approved staff cost											

2. 須按月列明員工獲調整  
的薪酬金額，以便得出獲  
調整後的薪酬是否  
合乎獲批水平

4. 請受薪員工簽署

本人茲證明 We confirm that

- (1) 本人確定所填資料均屬準確。  
(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請的薪金，已全數發放給員工，並沒有扣除任何金額。

- (1) We confirm that the information provided is true and correct.  
(2) We confirm that the staff on list had been engaged in the approved scope of work of the Beat Drugs Fund project during the period stated, and they had no other duties beyond the scope of the project.  
(3) We confirm that the personal emoluments claimed from Beat Drugs Fund is fully disbursed to the staff.

日期Date: 2022/05/31

日期Date: 2022/05/31

填寫表格的說明 Guidance Notes to Complete Form

- (1) 此表格紀錄月薪及時薪制的僱員薪酬資料，以完成每項工作的形式支取收入的紙，應填妥「紀錄這等資料」。

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

Project personnel who are not the grantee's employees or are paid upon completion of jobs should be

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

Appendix IX - FORM A

申領人姓名 Claimant's name:   
 計劃編號 Project No.:

申領人職銜 Officer's name:   
 獲撥款人/機構:

1. 請員工填寫居住地區

須填寫居所地址(只需地區及街名)  
 the claimant's home address must be provided (district and street name only)

居所地址 Home address:

申領發還款項總額  
 Total amount claimed

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

(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)

2. 請填寫獲批准  
 分項開支名稱

行程記錄 Records of journeys

日期 Date	由 Origin	至 Destination	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)	申領發 Actual claimed journey (a)+(b)-(c)	乘搭 Mode of transport	乘客 passengers
			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)				
2026-06-18	Wong Tai Sin (Office)	Cheung Sha Wan	MTR		6.7	0	School programme	--	
2026-06-18	Cheung Sha Wan	Wong Tai Sin (Office)	MTR		6.7	0	School programme	--	
2026-06-19	Wong Tai Sin (Office)	Cheung Sha Wan	Bus No. 2F		5.8	0	School programme	--	
2026-06-19	Cheung Sha Wan	Lam Tin	MTR		8.2	0	Return home after programme	--	
2026-06-23	Diamond Hill	Wong Tai Sin (Office)	Taxi	22		0	Return to office after school programme	--	
申領發還款項總額 Total amount claimed						\$49.40			

3. 請扣除平日往返居所的  
 交通費

4. 請註明乘搭的士的理由，  
 並附上士單據

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。申領人上司在批准屬員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士費。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 transport of group of passengers or item.  
 (2) The most appropriate method of conveyance should be used to save costs and improve efficiency.  
 (3) The use of taxis should be strictly controlled. Claimant should obtain the approval of the supervisor before using taxis for work-related journeys. The supervisor must be fully satisfied that a more economical mode of transport is not available. Claimants are required to explain the reasons for using taxis when applying for reimbursement of taxi fares.  
 (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.

# Happy CPA Limited

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Project Ref: BDF189999

“Hong Kong Let’s Beat Drugs”

Annual Audited Accounts for the period from 1 June 2019 to 31 May 2020

**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 2019 to 31 May 2020 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

