

**New Asia College**  
**The Chinese University of Hong Kong**

University College Joint Scheme for Teachers-Students Interaction

**Reimbursement Application Form**

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*(Please submit the application to Ms. Winnie Lam, College Office, New Asia College)*

Applicant's Name: \_\_\_\_\_ Staff I.D.: \_\_\_\_\_

Post: \_\_\_\_\_ Department: \_\_\_\_\_

Email address \_\_\_\_\_

Payment: Direct credit to \_\_\_\_\_ (name of payee)

Name of Bank \_\_\_\_\_

Account No. \_\_\_\_\_

Date of meal: \_\_\_\_\_  Lunch  Dinner

Venue: \_\_\_\_\_

Total expenses claimed: \$ \_\_\_\_\_

Total no. of people present: \_\_\_\_\_

Students present:

Names:

_____	<input type="checkbox"/> New Asia
_____	<input type="checkbox"/> New Asia
_____	<input type="checkbox"/> New Asia
_____	<input type="checkbox"/> New Asia
_____	<input type="checkbox"/> New Asia
_____	<input type="checkbox"/> New Asia
_____	<input type="checkbox"/> New Asia
_____	<input type="checkbox"/> New Asia
_____	<input type="checkbox"/> New Asia

*I certify that the above information is correct and the meal expenses are in compliance with the "Guidelines for the Use of Fund from University-College Joint Scheme for Teacher-Students Interaction".*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_