



Hong Kong Urological Association

CME/CNE Grant Reimbursement Form

A. Event details

Conference / Course			
Date			
Venue	(City)		(Country)

B. Reimbursement details

	Items	Sponsored Amount (HKD) (refer to the nomination letter)	Actual Expenses (HKD)	Receipt Attached "✓"	(HKUA use) Amount Accepted
1.	Round trip air tickets (Economy class)				
2.	Accommodation for _____ night(s)				
3.	Registration fee				
4.	Ground transportation				
	Total			/	

C. Payment method

Please prepare the reimbursement cheque with **payee name**: _____

I would like to receive the reimbursement cheque by

1) Direct Bank-in

Bank name _____
Bank account no. _____

OR

2) Mailing

Address _____

D. Personal details

Name		Workplace	
Email		Tel/Mobile	

Date for application: _____

Remarks:

- 1) Please submitted this form to HKUA Executive by email at executive@hkua.org.
- 2) All reimbursement for HKUA CME grant should be submitted within 6 months from the last day of conference/workshop with the original receipt or copy of the bank statement (in HK dollars) and attendance certificate copy.
- 3) Any late application for reimbursement will NOT be considered.

(For HKUA use)	CQ No.		Issued Date	
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