Conference Sponsorship Claim Form
Hong Kong Association for the Study of Liver Diseases (HKASLD)

This form is to be completed and submitted within **6 months** after attending the sponsored conference to claim reimbursement, as per HKASLD sponsorship guidelines. Please attach attendance certificate, all required receipts and documentation.

Personal Particulars

Name: _____
Department and Hospital: _____
Office Telephone/Mobile: _____
Personal Email (non-HA): _____

Conference Details

Title of Conference/Course: _____
Dates: _____
Venue/Location: _____
Date of Sponsorship Approval by HKASLD Council: _____
Approved Sponsorship Amount: HK$ _____

Expenses Claimed

Please provide details of expenses incurred and attach original receipts for:

1. **Airfare** (Round-trip economy class or half of business class fare):
   - Amount: HK$ _____
   - Receipt Attached: [ ] Yes [ ] No

2. **Registration Fee**:
   - Amount: HK$ _____
   - Receipt Attached: [ ] Yes [ ] No

3. **Accommodation**:
   - Amount: HK$ _____
   - Receipt Attached: [ ] Yes [ ] No

4. **Travel Insurance**:
    - Amount: HK$ _____
    - Receipt Attached: [ ] Yes [ ] No

Total Amount Claimed: HK$ _____
(Note: Maximum sponsorship amount is HKD45,000 per meeting. Other expenses such as taxi fares or meals are not reimbursable.)

Bank details for FPS:
Bank Name: _____
Bank Account Number or FPS Number: _____
Account Holder's Name: _____

Declaration

I certify that the information provided above is true and accurate, and I have complied fully with the HKASLD sponsorship regulations. I understand that reimbursement is subject to submission of valid receipts, attendance certificate and approval by the HKASLD Council.

Signature: _____
Date: _____

Submission Instructions

Please submit the completed claim form along with all supporting receipts by email to **hkasld-org@outlook.com** or by post to:

Dr. Terry Yip, Honorary Treasurer of HKASLD
c/o Ms. Gladys Chu, Talent Consultants
22/F, 3 Lockhart Road
Wanchai, Hong Kong

For office use only			
Claim form received on		Amount claimed	
Date of payment		Amount paid	
Payment reference			