

**Request for Reimbursement of Conference/Course Expenses**

I would like to reimburse the expenses of the following conference/course, which I attended in representation of HKPDA.

**Personal particulars:**

Name: \_\_\_\_\_

Office address: \_\_\_\_\_

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

Telephone / Pager: \_\_\_\_\_

**Details of conference / course:**

Title: \_\_\_\_\_

Duration: \_\_\_\_\_

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

Item	Amount (HKD)	Receipt attached Yes / No
Registration fee		
Passage (to specify)		
Accommodation		
Others (to specify)		
<b>Total (HKD)</b>		

Certificate of the conference is attached herewith Yes / No\*, Reason \_\_\_\_\_

I confirm that all the above statements are correct to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\* delete if inappropriate

*Please send your reimbursement form to:**The Honorary Secretary, HKPDA, Unit C,3/F, Worldwide Centre, 123 Tong Chau Street, Kowloon**Or email to: [sponsorship@hkpda.org.hk](mailto:sponsorship@hkpda.org.hk)*

\*Personal data provided by the applicants will be used strictly in accordance with the HKPDA's personal data policies as set out in the Personal Information Collection Statement. A copy of the Statement can be obtained at HKPDA website <https://www.hkpda.org.hk>, under the "Membership" section\*



Hong Kong  
Public Doctors' Association  
香港公共醫療醫生協會

Website: <https://www.hkpda.org.hk>

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