

致：社會福利署財務科
香港灣仔軒尼詩道一三零號
修頓中心二十三樓

To: Finance Branch
Social Welfare Department
23/F, Southorn Centre
130 Hennessy Road
Wanchai, Hong Kong

申領二零零 年 月繳費資助摘要
Summary of Claim for Fee Assistance for the month _____ 200

幼兒中心名稱： _____

Name of Child Care Centre

地址： _____

Address

申領款額 # : \$ _____

電話號碼 : _____

Amount of claim

Tel. No.

每名幼童每月核准收費 : \$ _____ for Academic Year _____

Approved Fee per child per month : \$ _____ for Academic Year _____

附錄頁數 Appendix Page No.	年/月 Month/Year	申領繳費資助 幼童數目 No. of Children Claiming Fee Assistance	附錄所示 申領款額 Amount of Claim as per Appendix \$ #
合計 Sub-total :			
扣除：多付的繳費資助(請註明證明書號碼/月份) LESS : Overpayment of Fee Assistance (please specify the EC No./Month)			()
總額 NET AMOUNT :			

茲證明本表格附錄所述幼童在列明之月份內，乃受託於本幼兒中心。本人明白，香港特別行政區政府有權索回多發給幼兒中心之任何資助費用。

I certify that the children named in the **Appendix** to this Form were enrolled in my child care centre for the month stated. I understand that Government of HKSAR reserves the right to claim back any assisted fees overpaid to child care centres.

日期 : _____

Date

機構蓋章 : _____

Official Chop

獲授權人簽署

Authorized Signatory

姓名 (請用正楷填寫) : _____

Name (Block Letters)

職銜 : _____

Title

