

Guideline to NSAs/ other parties for reimbursement of expenses

Hong Kong Paralympic Committee (HKPC) undertakes the organisation of Major Multi- games/ events together with our National Sports Association (NSA)/ other parties to promote Paralympic Movement and support Hong Kong Para athletes. For better use of public funds, there is a need for a guideline to NSAs/ other parties for the reimbursement of their expenses in relation to HKPC's events.

Unless otherwise specified by funding requirement of the Government or other Grantors, in general practices, HKPC is responsible for the procurement of the expenditures (e.g. round-trip airfares from/to Hong Kong and Host city of Major Multi-games at economy class, accommodation designed by the Organising Committee, uniform etc.) in relation to HKPC's event for their participation.

If any expenditure such as transportation and meal expenses are eligible for reimbursement, HKPC should inform NSAs/ other parties concerned the eligible expenditure items with the maximum amount before the events.

Request of Budget for reimbursement

If the NSAs/ other parties concerned wish to purchase the expenditure items themselves and obtain reimbursement from HKPC afterwards, they are required to seek HKPC's prior approval in writing with full justification. They should complete the budget with justification in the sample application form in Appendix A together with supporting documents/ quotations (if any) before the application deadline.

There should be no duplication of items funded under the applications to HKPC and those subvented by LCSD, HKSI etc. No double claim would be allowed for any expenditure items. HKPC would access the budget and submit it to the Government/ Grantors for the application of financial support.

Approval of Financial Support

After obtaining the approval of financial support by the Government/ Grantors, HKPC would provide the NSAs/ other parties concerned with the approved budgets. Any change to the scope of the approved budget requires the prior approval of HKPC. Under such circumstances, the NSAs/ other parties should submit the proposed changes to HKPC in writing with full justification. Expenditure incurred on unapproved items would not be reimbursed and no retrospective approval would be given.

Submission of Financial Report

After the completion of the event, the NSAs/ other parties concerned are required to submit a completed financial report in Appendix B together with supporting documents (e.g. original invoices and receipts) within one month to HKPC for the reimbursement of expenses. HKPC reserves the rights and discretion for the final adjustment of the reimbursement amounts.

Recordkeeping for Audit Purpose

The NSAs/ other parties concerned must keep accounting records in relation to the financial report for at least eight years after the completion of events. The expenditures incurred in the financial report are subject to audit and inspection upon request.

Enclosure: Appendix A – Sample Application Form
Appendix B – Sample Financial Report form

Appendix A

Application Form (Sample)

Name of Event: _____

Name of Association: _____

Budget Proposal

	Item	Breakdown	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Total requested budget			

1. *I certify that the information provided in this application, as well as the attachment of supporting documents/ quotations etc. are reasonable and based on the best estimate.*
2. *The expenditure must be solely used for the captioned event and meet with the requirement in the Guidelines to NSAs for reimbursement of expenses.*
3. *The application must not duplicate or overlap with any other of the subvented schemes provided by the Government.*

Signature with Association

Chop: _____

Name: _____

Post: _____

Contact Person: _____

Tel no. _____

Email: _____

Date _____

For enquires, please contact HKPC Secretariat at 2632 7711 or email to info@paralympic.hk.



Appendix B

Financial Report Form (Sample)

Name of Event: _____

Name of Association: _____

Summary of the Expenditure

	Item	Breakdown	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
		Total	

I certify that the information provided in this report, as well as attachment of supporting invoices/receipts, are accurate and represent a true and fair summary of the expenditure

Signature with Association

Chop: _____

Name: _____

Post: _____

Contact Person: _____

Tel no. _____

Email: _____

Date _____

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