**‘i-Journey’ Paid Non-local Study Leave Scheme for Teachers (2023/24 s.y.)**

**Supply Teacher’s Receipt**

**Section A (To be completed by the school)**

|  |  |
| --- | --- |
| 1. **Name of supply teacher**
 |  |
| **(2) Date** | From to |

1. **Please mark the day(s) on which the supply teacher has actually worked and note the dates of school/public holidays in the remarks column.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  Week DateMonth | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Remarks |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| 1. **No. of working days**
 |  |
| 1. **Rate per day**
 | $ |
| 1. **MPF subsidy\***
 | $ |
| 1. **Total amount**
 | $ |

\* For supply teachers with claim period less than 60 days but are required to contribute to MPF, please provide supporting information.

I certify that the amount payable to the above supply teacher is correct.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  SCHOOL CHOP |  | Signature of Supervisor/School Principal | : |  |
|  | Name of Supervisor/School Principal | : |  |
|  | Name of School | : |  |
|  | Date | : |  |

**Section B (To be completed by supply teacher)**

I confirm that I have received the above sum (Section A (7)).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 　Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_