

**List of Income and Expenditure for the Provision of
Public Funds Subsidy to Groups or Individuals by the OCAC**

Subsidized Unit:**Program/Activity duration:****Program/Activity Name:****Total funding estimate of the original program/activity:****Subsidy from the OCAC (A) :****Total other income (B) :** Note 1

Actual expenditure (C) :

Surplus or deficit (D)=(A)+(B)-(C) : Note 2

Expenditure list of original documents for the subsidy

Receipt No.	Date	Purpose of use	Amount	Note
		Total		

Group Subsidy

Unit :

Person in Charge:

Unified Business No. :

Handled by:

Address :

Individual Subsidy

subsidy recipient:

ID No.:

Address:

Date:

(Year)

(Month)

(Day)

Note 1 : Other income refers to income other than the subsidy from the OCAC and self-paid amount.

Note 2 : Positive numbers indicated surplus, while negative number refer to the self-paid amount.