|  |
| --- |
| **ANNEX C** |

**Friend of Singa 2018- Claim Form**

|  |  |  |
| --- | --- | --- |
| **PARTICULARS FOR PAYMENT** | | |
| School: |  | |
| Name of teacher: |  | |
| Email address: |  | |
| Contact number (mobile): |  | |
| **PAYMENT MODE: CASH**  *(All reimbursements will be paid via cash to be collected by February 2019. Anything not collected by 2018 will be forfeited)* | | |
| **DECLARATION BY TEACHER-IN-CHARGE** | | |
| I hereby certify that the information given is to the best of my knowledge and I agree to abide by all the terms and conditions on the award of Friend of Singa fund. I understand that the application will be decided at the sole discretion of SKM, and that its decision is final. SKM shall reserve the right to review, reduce, suspend, terminate or withdraw the assistance in accordance with the stated terms and conditions. Any failure or delay by SKM to exercise any of its rights or powers to claim a breach of the terms and conditions shall not prevent SKM from doing so at any time. I understand that it is the duty of the school to ensure that the original receipts have been seen before it is certified. | | |
| Cash reimbursements collection points:   1. FOS Awards ceremony 2018 2. December 2018 to February 2019 3. FOS Workshop 2019 | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature & Date** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Official School Stamp** |
| Before you sign the form and send it to us, please check the following:   * Have you filled in every section in the form? * Has the form been endorsed by the teacher-in-charge together with the school stamp? * Have you enclosed ANNEX D + photocopied or photos of the receipts? | | |

**Friend of Singa 2018- Funding from SKM**

**ANNEX D**

**SCHOOL:**

**TEACHER:**

**CONTACT NUMBER:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Receipt No.** | **ITEMS** | **PURPOSE** | **AMOUNT PAID ($)** |
| 1 |  |  |  |
| 2 |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\_\_\_\_\_\_\_\_\_\_

**Total: *15.00***

*\*Please note that each row is for one receipt. Please do not separate one receipt into multiple rows.*

*\*Please attach photocopies or photos of the receipts behind according to their numbers in this list.*