

Office of Institutional Advancement and Public Affairs Souvenir Purchase Form

Department: _____ Date: _____
 Contact Person: _____ Ext: _____
 Account Code: _____

Item (s)	Quantity	Unit Price (HK\$)	Sub Total (HK\$)
Total :			

Requested by: _____
 (Name: _____)

Budget Holder: _____
 (Name: _____)

**Please bring along with this form to OIAPA for collecting souvenirs*

To be completed by OIAPA

Souvenir issued by: _____ Date: _____