

Receipt for Reimbursement of Processing Fees

Helper (HKID No.): test (12342134)

Employer (HKID No.): test (1234124)

Contract No.: 12341234

The Helper acknowledges receipt of the reimbursement of the following processing fees from DAY DAY HELP acting on behalf of the Employer:

☐	Medical examination fees	HK\$
☐	Pregnancy test fee	HK\$
☐	Training fee	HK\$
☐	Documentation fee charged by overseas intermediaries	HK\$
☐	Others	HK\$
	Total	HK\$

Total Amount & Payment Method (☐ to be ticked ✓ by Helper)			Signed by Helper
☐ In Cash	☐ By Cheque	☐ Via Bank Transfer	Signature
HK\$_____	HK\$_____	HK\$_____	Date