

Hong Kong Baptist University
Finance Office
Cross Border Transportation Service Request Form

To: Finance Office:

Date: _____

From: _____

Booking Information:

Date of Transportation: _____

No. of Passenger(s): _____

Main Passenger Contact Name:	
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Telephone No.: (852) _____ (86) _____

Name of Other Passenger(s):	1.	4.
	2	5.
	3.	6

Trip Type: ☐ Single Trip Pick Up Time:

Trip Type: ☐ Round Trip Pick Up Time: Return Time:

<u>Pick-up:</u>	From	To
Detailed Address:	<div style="border: 1px solid black; height: 60px;"></div>	<div style="border: 1px solid black; height: 60px;"></div>

<u>Return:</u>	From	To
Detailed Address:	<div style="border: 1px solid black; height: 60px;"></div>	<div style="border: 1px solid black; height: 60px;"></div>

<input type="checkbox"/> I confirm the above booking details and the request is for business use of the University.

Signed by: _____

Cross Border Transportation Service Claim Form

The Budget Controller hereby authorizes the Finance Office charging the amount below after Cross Border Transportation Service has been received.

Vehicle Booking Order no. _____

Vehicle Information :	SB 2796 / VY 8033
Driver Name :	Lee Kam Fai / Lam Shui Pak Lit Kwai Keung

CBTS Charging Rates* (HK\$)

Shenzhen

Guangzhou / Zhuhai

Single trip	\$450.0 <input type="checkbox"/>	\$2,000.0 <input type="checkbox"/>
Round trip	\$700.0 <input checked="" type="checkbox"/>	\$3,500.0 <input type="checkbox"/>

Debit A/C : _____

Signed By : _____

Presidential Offices/Deans/Directors/Department Heads

**** Please submit this form to F.O. – Joe Ding in advance by campus mail. ****