## RECEIPT Reimbursement of Processing Fee

			Date:
Domestic Helper Name		:	
ID/Passport Number		<u></u>	
Employer Name		:	
Domestic Helper Contract N	Number	·	
Details			нк\$
Mandatory Insurance			
Medical Examination Fee			
Notarization Fee			
Visa Fee			
Philippines Overseas Emple	oyment Admir	nistration (POEA) Fee	
Others			
TOTAL			HK\$
Paid By Cash/ Cheque Bank Cheque Number:			
Received By (Signature)	i		
Name	:		
Witness By (Signature)	:		
Name			