

南加州洛杉磯西區中文學校
Chinese Language School of Southern California, West Los Angeles
報帳單

Reimbursement Request Form

日期 Date	項目 Description	金額 Amount	備注 Remarks
	Total \$		

請詳列每一項購買物品的名稱及金額，並附上原本收據。謝謝！

Please describe every purchased item and its dollar amount with the original receipt attached. Thank you,

申請人姓名 (中文) _____ (English) _____

Applicant: _____ Family No.: _____

日期

班級/組別

Date: _____

Class/Group: _____

申請人的地址 Applicant's Mailing Address:

核准人簽名: _____

財務長簽名: _____

Account	Amount
Check No.	Amount: \$

請將此單送交中文學校辦公室:

Please deliver this form to
The Chinese School office

Attention to:

Joan Kung

(310)-383-5166 (Cell)

(310)-391-1575 (Fax)