

中美文化協會愛迪生中文學校支款申請單

CACA Edison Chinese School

Check Disbursement / Expense Reimbursement Request Form

申請日期 Application Date: _____

受款人姓名

Payable To: _____

電話

Tel: _____

受款人地址

Payee Address: _____

大寫金額

Amount in words: _____

小寫金額

Amount \$ _____

開銷日期 Expense Date	請款事由 Reason for payment:

請款人

Requested by: _____

批准

Approved by: _____

會計部門專用 For Accounting Department Use Only

編號 No: _____

No.	Description	Account Name	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Disbursement Prepared by	Approved by	Date

Check Number: _____ Amount: _____ Check Date: _____