

南加州西区中文学校
Chinese Language School of Southern California
(d.b.a. Westside Chinese School)



报销申请表
Reimbursement Request Form

日期 Date	描述 Description	金额 Amount	备注 Remarks
	总金额 Total \$		

请描述每一个购买的物品和金额，并附上原始收据。谢谢！

Please describe **every purchased item and dollar amount** with the original receipts attached. Thank you.

(中文)

(English)

姓名 Name: _____ 家庭号码 Family #: _____

电话 Phone#: _____ 电子邮件 Email: _____

日期 Date: _____ 班级/小组 Class/Group: _____

地址 Mailing Address: _____

授权者签名 Authorized Signature: _____ 财务長签名 Treasurer: _____

请将此表格电邮至中文学校财务長:

Please email this form to:

Bing Zhi, CLSC Treasurer

Treasurer@westsidechineseschool.org