

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 dollar amount with the original receipts attached. Thank you.

(中文)

(English)

Name: _____ Family No.: _____

Telephone : _____ Email : _____

日期 Date: _____ 班級/組別 Class/Group: _____

申請人的地址 Mailing Address: _____

核准人簽名: _____ 財務長簽名: _____

請將此單送交中文學校辦公室:

Please deliver this form to:

Chinese School office

Attention to:

Mary Chan

CLSSC Treasurer