

灣谷中文學校

Bay Valley Chinese School

Class Fee Reimbursement Voucher

Payable to : _____
 Address : _____

Date (日期): _____
 Class(班級): _____
 Email: _____
 Phone (電話): _____

Item #	Invoice Date	Vendor (e.g. Costco or Safeway)	Description (e.g. stationary or candies)	Amount \$	Purpose (e.g. picnic or classroom supplies)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
			Total		

*** All receipts should be included. Please make a copy for your own record.

Requester:

English Name: _____

Chinese Name: _____

Signature: _____

Date: _____

Approved by:

English Name: _____

Chinese Name: _____

Signature: _____

Date: _____

OFFICE USE ONLY:	
<u>Account Name:</u>	<u>Amount:</u>
<u>Check Issued Date:</u>	<u>Check #:</u>