天主教聖曹桂英堂

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Reimbursement Form

Ministry/Group Name 善會名稱:	Date 日期:
Payable to 支票抬頭:	
Purpose/event 用途:	

Description of expenditure 支出說明	**Amount 金額**
Total 總計	

Requestor name 申請人姓名: _____

Requestor phone number 申請人電話: _____

Requestor email 申請人電郵: _____

Requestor signature 申請人簽名: _____

Ministry/Group Leader signature 善會負責人簽名: _____