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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:	
<b>Description of expenditure 支出說明</b>	<b>Amount 金額</b>
<b>Total 總計</b>	

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: \_\_\_\_\_