

San Diego Hua Xia Chinese School
Reimbursement and Check Request Form

Date of Request: _____ **Name of the Requester or the Person to be Reimbursed:** _____

#	Date	Merchandise / School Supplies	Meal / Travel	Others	Description Reason for the request	Amount (\$)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
TOTAL: \$						

Which division of the expense	
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For Office Use Only:		
Divisional Head's Approval:	Name in Print:	Date:
CFO / Chair / Vise Chair Approval:	Name in Print:	Date:
Check Number:	Expense Manager:	Date:
Notes: 1. Original receipts are required for all items. 2. Allow 1-2 weeks to process for the reimbursement; Urgent check request is exceptional. 3. CFO's signature is required for any reimbursement over \$100; Chair's, vice Chair's or principal's signature is required for any check over \$1,000 and can be used as back-up in the absence of CFO. All signers are responsible for the essentiality of the expense.		