



傳薪中文學校

Tri-City Chinese School

Expense Report

*****Please write everything in English except for the Chinese name *****

Requestor: _____
 Chinese Name: _____
 Request Date: _____
 Payable to : _____
 Purpose: _____
 Requestor Signature: _____
 Dept. Head Signature: _____
 Remark: _____

For Accounting Use Only	
Bank Account	_____
G/L Acc#	_____
Check#	_____
Date	_____
Check issued by	_____
Check Rec'd	_____

	Item	Qty	Amount	Tax	Sub Total	Remark
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
	Total					