

聖荷西華人天主堂請款表格
SJCCM Check/Reimbursement Request

申請人 : Requestor Name	簽名 : Signature	日期 : Date	金額 : Amount (\$)

給付人抬頭 Pay to the order of			
電子郵件 Email		電話 Phone	

郵寄地址 Mailing Address			
	(街牌地址 Street)	(城市 City)	(州名 郵編 State, Zip)

申請事由 / Event Explanation for Request			
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區組名稱 Group Name	日期 Event Date

會計項目 Account Code
<input type="checkbox"/> 預算內費用 Budgeted Expense; <input type="checkbox"/> 預算外費用 Unbudgeted Expense; <input type="checkbox"/> 轉帳 Transfer <input type="checkbox"/> 其他項目 Other :

簽字 Authorized Signature		
區組長 / 活動負責人 Group / Activity Leader	本堂司鐸 Pastor	PC/FC 決策會議 PC/FC Approval Meeting

備註 REMARKS:

- (1) 預算內費用應由負責該預算的組長或活動負責人簽名
Budgeted Expense MUST Be Signed by the person with Approved Budget
- (2) 預算外費用: \$500 以內由本堂司鐸簽準; 超過\$500由PC/FC會議通過
Unbudgeted Expense within \$500 MUST Be Signed by Pastor;
Unbudgeted Expense over \$500 must Be Approved through PC or Finance Council Meeting.
- (3) 轉帳或其中他項目必須由財務簽名
Transfer or Other Expense MUST Be Signed by Finance Council.

Finance Council Use Only	Check Number	Issued Date