San Diego Hua Xia Chinese School

Reimbursement and Check Request Form

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

No	Date	Merchandise / School supplies	Meal / travel	others	Description Reason for the request	Amount
Total						

Which division of the expense	

For Office Use Only:

Divisional Head's Approval: **Name in Print:** **Date:**

CFO/Chair/vice 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; 2. CFO's signature is required for any reimbursement over $100.00; Chair's, vice Chair's or principal's signature is required for any check over $1,000.00 and can be used as back-up in the absence of CFO. All singers are responsible for the essentiality of the expense.