

聖荷西華人天主教會 - 粵語組
SAN JOSE CHINESE CATHOLIC COMMUNITY - CANTONESE GROUP
 支票付款申請表格
CHECK PAYMENT REQUEST FORM

支票號碼 Check No.: _____

簽發日期 Date of Issue: _____

會計賬號 Account No.:		會計賬目名稱 Account Name:	
(由申請人填寫 To be completed by the Applicant)			
申請人 APPLICANT (請用正楷 Pls. print)	簽名 SIGNATURE	日期 DATE	金額 AMOUNT

抬頭 (姓名) Pay to the order of (name): _____

郵寄 (地址) By mail (address): _____

直接交與*申請人/*其他人(姓名)
 By hand to *Applicant/*Other person (name): _____
 (如與申請人相同，不用填寫 Leave blank, if same as the Applicant)

預算內費用 BUDGETARY EXPENSE 預算外費用 UNBUDGETARY EXPENSE

申請事由
 REASONS FOR THE REQUEST: _____

檢閱及簽名 Checked & Signed by: *主席 或 *組長 *Chairperson <u>OR</u> *Group Leader (1 名簽署 1 Signature)	核對及簽名 Verified & Signed by: 主席 及 財務委員會 委員 Chairperson <u>AND</u> Finance Committee Member (2 名簽署 2 Signatures)

- 備註:**
- 在預算內之費用支出應由負責該項目的組長檢閱及簽名。如申請人同屬該項目組長，則須由主席檢閱及簽名。
 - 在預算外之費用支出:
 - \$200 或以下須由財務委員會預先核准；
 - \$200 以上須由聖荷西華人天主教會粵語組幹事會預先核准。

- Remarks:**
- Budgeted expenses must be checked & signed by the respective Group Leader. If the Applicant is same as the respective Group Leader, they must be checked & signed by the Chairperson.
 - Unbudgeted expenses:
 - For \$200 or less, must be prior approved by the Finance Committee;
 - For greater than \$200, must be presented to the SJCCC Cantonese Group Executive Committee for prior approval.

* 刪除不適用處。 Delete where inappropriate.

(Form CPR, rev. 9/2016)

在適用的方格內填上“X”。 Mark “X” in the box where appropriate.