

柏拉阿圖中文學校 PALO ALTO CHINESE SCHOOL

CHECK REQUEST

姓名: English _____ 中文 _____
For teacher only: Class _____ Number of students in class: _____
 Address: _____ (if check need to be mailed)
 Phone: _____ Date: _____ Amount: _____

Please list all the detailed information below, and attach receipts on the back. If there is no receipt you need to fill out missing receipt form.

Date	Supplier	Description	Amount
Total (must agree with amount above)			

Requester's Signature: _____

Reviewed By: _____ Position: _____

Approved By: _____ (校長/ 副校長/ 顧問)

Requester may not approve his/her own check request

Account Name	Amount	Account Name	Amount
		Class expenses	
		Teaching materials: copying	
		Total	

Check Number: _____ Date Paid: _____

Mailing address: Palo Alto Chinese School, P.O. Box 60877, Palo Alto, CA 94306