



美国华盛顿地区同乡会联合会

Coordination Council of Chinese American Associations

303 Treemont Way, Rockville, MD 20850

Request for Expense Reimbursement and Advance Payment

Requestor: _____ Telephone: _____ E Mail: _____

Address: _____

Project: _____ Date: _____

Budget #	Item Description	Amount
Total		

I certify that information provided above is an accurate record of my expenses for CCCAA related tasks.

Requestor Signature: _____ Date: _____

Approved by: _____ Date: _____

Financial Officer Use Only

The amount \$ _____ is paid to (if other than requestor) _____

By Cash Check Check No. _____ Credit Card

Account: CCCAA CCF

Accountant Signature _____ Name Print _____ Date: _____

Please Email to: george7454@hotmail.com