



華仁中文學校

Chinese Heritage School of New Jersey

P. O. Box 127, Monmouth Junction, NJ 08852 ❖ www.chsnj2000.org ❖ info@chsnj2000.org

EXPENSE REIMBURSEMENT FORM

Date	Description	Amount
TOTAL		

Name: _____ Email: _____
(Print name check payable to)

Address: _____
(Street, City, State, ZIP code)

Check
 Zelle _____
(Check payable to or Zelle email / phone number)

Purchase receipt(s) must be attached to this form for reimbursement. Completed forms and receipts should be emailed to schooladmin@chsnj2000.org for processing.

FOR OFFICE USE ONLY			
Approved		Title	
	<i>Signature</i>	<i>Date</i>	
Check #		Ref #	
Zelle #			
Amount \$		Date	