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開支報銷表
 Reimbursement Form

申請人姓名 _____ 日期 _____
 Requester's Name: _____ Date: _____
 電話 _____ 電郵 _____
 Phone: _____ Email: _____
 地址 _____
 Address: _____

支出日期 Date of Expense Incurred	支出項目 Description	金額 Amount

總額 Total Amount:

* Please submit a copy of all receipts. 請附上所有發票複印本一份

For CYCS Use Only

Approved By: _____ Date: _____

Check Issued By: _____ Check No.: _____