宏恩華人宣道會
Kent Chinese Alliance Church
24711 94th Ave South, Kent, WA 98030
(425) 525-9637

出數記錄/支數表格

Expense Record/Reimbursement Form

日期 Date: ___/ 1 / 201_____ 部門 Department: _C&MA_____

Item no. 項目	Description 內容	Purpose 用途	Amount 數目
1.	C&MA 3% from General Fund	Grat Commission Fund	$
2.	*CCA 2% from General Fund*	Chinese Churches Association	$
3.	*C&MA Fellowship 0.35% from General Fund*	*C&MA Fellowship*	*$*
4.			
		總數 TOTAL:	$

申請人 Requested by: _____*1. C&MA, 2. CCA, 3. C&MA Fellowship*____

支票抬頭 Check Payable to

__Login Pay
__Check#_____
_**X**_Bill Pay

申請人地址 Mailing Address: _____

城市 City_____州 State_____陲區號碼 Zip Code_____

申請人電話號碼 Phone Contact: _____

核准人 Approved by:

_____ 部門領袖 Department Head 日期 Date: _____/ ___/ 201_____	_____ KCAC 財政 Treasurer 日期 Date: ____/ 1 / 201_____

編號 Memo Number: _____17 C&_____