

聖荷西華人天主教會 – 粵語組  
**SAN JOSE CHINESE CATHOLIC COMMUNITY – CANTONESE GROUP**  
 支票付款申請表格  
**CHECK PAYMENT REQUEST FORM**

<b>(由財務委員會填寫 To be completed by Finance Committee)</b>			
支票號碼 Check No.: _____			
簽發日期 Date of Issue: _____			
會計賬號 Account No.:		會計賬目名稱 Account Name:	
<b>(由申請人填寫 To be completed by the Applicant)</b>			
申請人 APPLICANT (請用正楷 please print)	簽名 SIGNATURE	日期 DATE	金額 AMOUNT
抬頭 (姓名) Pay to the order of (name): _____ <input type="checkbox"/> 郵寄 (地址) By mail (address): _____ <input type="checkbox"/> 直接交與*申請人 / *其他人(姓名) By hand to *Applicant / *Other person (name): _____ (如與申請人相同，不用填寫 Leave blank, if same as the Applicant)			
<input type="checkbox"/> 預算內費用 BUDGETARY EXPENSE		<input type="checkbox"/> 預算外費用 UNBUDGETARY EXPENSE	
申請事由 REASONS FOR THE REQUEST: _____			
<b>檢閱及簽名 Checked &amp; Signed by:</b> *主席 或 *組長 *Chairperson <b>OR</b> *Group Leader (1 名簽署 1 Signature)		<b>核對及簽名 Verified &amp; Signed by:</b> 主席 及 財務委員會 委員 Chairperson <b>AND</b> Finance Committee Member (2 名簽署 2 Signatures)	

**備註:**

- 在預算內之費用支出應由負責該項目的組長檢閱及簽名。如申請人同屬該項目組長，則須由主席檢閱及簽名。
- 在預算外之費用支出:
  - \$200 或以下須由財務委員會預先核准；
  - \$200 以上須由聖荷西華人天主教會粵語組幹事會預先核准。

**Remarks:**

- Budgeted expenses must be checked & signed by the respective Group Leader. If the Applicant is same as the respective Group Leader, they must be checked & signed by the Chairperson.
- Unbudgeted expenses:
  - For \$200 or less, must be prior approved by the Finance Committee;
  - For greater than \$200, must be presented to the SJCCC Cantonese Group Executive Committee for prior approval.

\* 刪除不適用處。 Delete where inappropriate.

(Form CPR, rev. 12/2022)

在適用的方格內填上“X”。 Mark “X” in the box where appropriate.