

**Home of Christ Church in Fremont**  
**Reimbursement or Pre-Authorization Form**  
**基督之家第三家 支出申請表**

Date: \_\_\_\_\_

Applicant's English Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

\* Ministry Category: \_\_\_\_\_

\* Ministry Leader: \_\_\_\_\_

\* Signature: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

**Application Detail**

	* Charge Account #	Description	Amount
1			
2			
3			
4			
5			
Payee's English Name:			Total:

Comments: *(Please attach receipts/report to the back of this form)*

\_\_\_\_\_

\_\_\_\_\_

Authorization Level (Admin. Use only)

	<= \$500 Controller	<= \$3000 Admin. Elder	<= \$10,000 Elder Board	> \$10,000 E/D Board
Approval:				
Date:				