

DCFC恩友堂请款报销单

Expense Reimbursement Form

基本信息 Basic Info Section 1

收款人姓名 Reimburse To	预算账号 Expense Coding		
收款人邮箱 Payable Email	日期 Today's Date		
收款人地址 Payable Mailing Address	城市 City	邮编 Zip	请款人 Requester

请款用途 Expense Purpose Section 2

如果ACH收款请填If you prefer ACH please fill in below info

收款银行Reimbursement Receiving Bank Info (or attach a void check 或附一张作废支票 Optional)

银行名称Bank Name	收款人姓名Name	路由号码Routing Number	账户号码 Bank Acct
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请款明细 Expense Details Section 3

日期 Date	明细 Expense Description	金额 Cost
Total:		

Section 4:

批准者 Approval Printed Name	Approval Signature 签名
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Form Instructions

Section 1:

1. Enter your name, email address, and today's date.
2. Enter the expense coding number. If you do not know this number, ask your approver. Refer the attached Coding List for DCFC.
3. Fill in your most updated mailing address to receive your check.

Section 2:

1. Enter a brief purpose describing the need for the reimbursed expense.
2. If you would like to receive ACH payment, please fill in the Bank Info or attach a void check.
You could leave this section blank if you prefer a check payment.

Section 3:

1. For each expense for which you are requesting reimbursement enter the date it was incurred, a brief description, and the dollar amount.
2. Sum your expenses and provide a total.

Section 4:

1. Reimbursements require approval.
2. Refer to Finance Expense reimbursement policy of DCFC.

Additional Information:

1. Supporting documentation must be provided to verify all expenses.
2. Approval email or signature as a formal record for approval.
3. **Please send all backups and approval email into treasury.deacon@dcfc.org by ONE email**
Email Title : Date (MMDDYY)-Expense Code-Payable Name-Short Description of the expense nature