



Boston Chinese Evangelical Church 波士頓華人佈道會 Funds Disbursement and Reimbursement Form

(Please complete all required entries to avoid delay in check request)

Section A:

Completed by:
(please print) _____
Phone: _____
Email: _____
Date: _____

Please choose ONE of the two options below:

Considered as a donation to the BCEC General Fund. (Contribution ID #: _____)

Please send fund disbursement/check (enter mailing address below).

Make Check Payable to:
(please print name of payee) _____
Mailing Address:
(Required) _____

I affirm, to the best of my knowledge, that the expenses detailed on this report are accurate and complete.

Payment Required by (Date): _____

Requestor Signature: _____

Memo to appear on check : _____

Section B:

Expense Budget Subcategories to be charged (see back):

(if to be charged to more than one accounts)



Account Code	Amount	Comments / Description <small>(additional signatures if expense to be charged to multiple accounts)</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total:	_____	_____

[Please click here for the list of Account Codes](#)

Printed Name(s) of Approval Person(s): _____

Approval Signature(s): _____

* Please submit signed electronic form and proof of purchase to bod.accountant@bcec.net or printed form to Office Manager, Helena Fong.