



中国卫生政策与管理学会

CHPAMS China Health Policy and Management Society

BUDGET REQUEST FORM

Purpose of the Request and Brief Justification (fill in below):

Expenditure Category (e.g. travel, equipment)	Vendor	Estimated Amount	
Applicant Name	Applicant Signature	Date	
Budget Request approved by	Name	Budget Request Approver Signature	Date

CHPAMS Reimbursement Form

Category	Unit Price	Quantity	Actual Amount	Supporting Documents(Y/N)
Total Reimbursement Requested (US\$)				
Applicant Name		Applicant Signature		Date
Pay to the Order of: _____				
Address _____				
Reimbursement Approved by	Name	Reimbursement Approver Signature	Date	
CHECK # if applicable		Paid Date		