

TRAVEL EXPENSE REIMBURSEMENT SCHEDULE

expense reimbursement

time

Starting time: End Time:

Reason for business trip:

Name: department:

Job number: director:

date

illustrate

Air tickets

fare

Fuel costs

daily necessities

stay

FOOD

Attraction tickets

other

total - - - - - - - - - -

Total Reimbursement ¥

Reimbursement Applicant: Date:

Reimbursement Number:

(*Please attach the invoice)