TRAVEL EXPENSE REIMBURSEMENT FORM

Expense Reimbursement Form

date		Name		department								
date	Cost Category	Fee Description		Number of documents	the amount							
					Ten thousand	thousand	Hundred	ten	Yuan	horn	point	
Total Amount	RMB capital):		RMB0		¥							
Reimburser:		Financial Audit:		Financial Manager:								
Department manager:		HR Manager:		General manager:								