**差 旅 费 报 销 单**

年 月 日

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| 出差事由： | 账号： |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 持卡人： |  | | | | | | | | | | | | | | | | | | |

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| 起日 | | 止日 | | | 起止地点 | 车/船票 | 飞机票 | 火车票 | 会务 资料 费 | 住宿费 | | | 其他费用 | 公杂费补助 | | | | 伙食费补助 | | | | 补充说明 |
| 月 | 日 | 月 | | 日 | 天数 | 标准 | 金额 | 天数 | 标准 | | 金额 | 天数 | | 标准 | 金额 |  |
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| 按 列 小 计 | | | | | |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |
| 报销数合计 | | | ￥ | | | | | | 报销数合计 | | （大写）￥ 万 仟 佰 拾 元 | | | | | | | | | | | |
| 出差人 | | |  | | | | | | 工作部门 | |  | | 职务/职称 | | |  | | | 联系电话 | |  | |
| **部门/项目负责人（审批意见）：**  **同意报销金额 元。**  **（签名）** | | | | | | | | | | | | | | | | | | | 财务审核人： | | | |
| 核定报销金额： | | | |
| 报销单位： | | | | | | | | | | | | | | | | | | | | | | |