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Employee Information

Wenyi Sun **Employee ID:** 1430271

Name:

Alias: sunwenyi@microsoft.con sunwenyi MS E-Mail:

Online Case ID: 20250709134838

Mobile Phone: 18650170093 Office Location: SH-ZZ

646441755@qq.com Last Working Day: 8/6/2025 Personal Email:

7/9/2025 **Submission Date:**

Expense Application Record

Remaining Amount	Options	Applied Amount
¥0.00	Reimbursement	¥300.00
		Health Club Benefits: ¥ 300.00

请将您填写并打印出的报销单和相关票据一并提交至指定处的"健身福利报销箱"或"教育培训报销箱"。相关票据请粘贴在单独的A4回收纸上。个人信息或报销金额有误的报销申请,将可能被拒绝,请您予以理解。

Please put your claim form and original invoices together and submit to appointed Health Club Benefits or Training & Education Claim Box. Please stick all invoices to a recycled A4 paper as the attachment of the claim form. Please kindly understand if there is any unacceptable claim due to wrong information filled.

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