EXPENSE REIMBURSEMENT

kk

Name _____

Date _____

Period _____

Final Estimate	
Total Advanced Funds	
Reimbursement Amount	
Refunding Amount	
Reissue Amount	

EXPENSE DETAIL											
Date	Locations	Receipt No.	Business Purpose	Travel	Meal	Lodging	Other	Currency	Rate	Amount	Exchange for RMB
Sub Total				0	0	0	0	Total Expense		0	0

Employee:

Sales
Director:

Cashier: Recheck: