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| **Domestic Business Trip Reimbursement Form** | | | | | | | | | | | | | | | | |
| **Date\*：** | | | | | | | | | | | | | | | | |
| **Reimbursement Requester\*** | | |  | | | | **Department\*** | | | | |  | | | | |
| **Business Trip Type\*** | | |  | | | | **Business Trip Companion** | | | | |  | | | | |
| **Business Trip Location\*** | | |  | | | | | | | | | | | | | |
| **Business Trip Start Date\*** | | |  | | | | **Business Trip End Date\*** | | | | |  | | | | |
| **Business Trip Duration\*** | | |  | | | | **Number of Past Business Trip** | | | | |  | | | | |
| **Itinerary Details****\*** | | |  | | | | | | | | | | | | | |
| **Additional notes** | | |  | | | | | | | | | | | | | |
| **NO.** | **Month\*** | **Day\*** | | **Location or reason\*** | | **Transport** | | | **Accomodation** | | **Meal** | | **Other** | | **Subtotal** | **Remark** |
|  |  |  | |  | |  | | |  | |  | |  | |  |  |
| **Total Expense** | | | | | |  | | |  | |  | |  | |  |  |
| **Currency** | | | **Advance Amount** | | **Total Expenses** | | | | | **Remaining Amount** | | | | **Remark** | | |
| **$** | | |  | |  | | | | |  | | | |  | | |
| **Recipient Signature** | | |  | | | | | **Payer Signature** | | | |  | | | | |