**中山大学附属第一医院差旅费报销表**

所属科室： 年 月 日

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| 职 别  除伙食公杂补助外，各项费用必须附有原始单据 | | |  | | | 事由 | |  | | | | | | | | | | | |
| 姓 名 | | |  | | |
| 天 数 | | | 起讫地点 | 车船飞机票费 | | | | | | 住宿费 | | | 伙食公杂补助 | | | 会务费 | 保险费 | 行李费 | 其他 |
| 起 | 止 | 合计 | 实乘金额 | 规定标准 | | 补差金额 | | 实报金额 | 实住金额 | 规定标准 | 实报金额 | 标准 | 天数 | 金额 |
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| 小计 | |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |
| 合计人民币（大写） 仟 佰 拾 元 角 分 **￥**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |

审核人： 部门/项目负责人： 出差人：