**费用报销单 Expense Claim Form**

**姓名 Name:**

**用意 Purpose:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 日期 Date(月M/日D/年Y) | 采买类别 Description | 金额(税前)Amount | 税 HST | 总金额 Total amount |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

签字 Signature: 日期 Date：

审批通过 Review By: 日期 Date：