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| 附件3 | | |  | |  | | | |  | | |  |  | | | | | |  | | |  | | |  | | |  | |  | |  | |
| **哈尔滨医科大学市区内公务出行报销单** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位： | | | |  | |  | | | |  | 年 | | | | | | 月 | | | 日 | | | |  | |  | | |  | |  | |
| 公务人姓名 | |  | | | | 公务事由 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 出发 | | | | | | 到达 | | | | | | | | | 人数 | | | 交通费 | | | | | | | | | | | 伙食费 | | | |
| 月 | 日 | | | 地点 | | 月 | | 日 | | | 地点 | | | | 往返距离  （公里） | | | | | 标准  （2元/公里） | | | | 金额 | | 标准  50元/天 | | 金额 | |
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| 合 计 | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | |  | | | |
| 报销金额（大写） | | | | | | | **佰 拾 元 （壹贰叁肆伍陆柒捌玖） ¥** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备 注 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报销人： | | | |  | | |  | | | | | | |  | |  | | | | |  | | | | |  | | | | | | |