

Payment voucher for Taipei Medical University

會 3

Case officer of office for financial affai

Budget No.				Project No. (Name)					No.	
Project duration										
Billing unit	Billed by	Project Organizer	Unit supervisor	Primary supervisor	Accounting reviewer	Case accounting	Vice President	President	Billing unit	
								Judgement made in accordance with the level of authority	Judgement made in accordance with the level of authority	

Please paste the invoice (receipt) aligned with the dotted line

Report for Travel Abroad													
Unit		Tile				Level			Name				
Travel reasons													
Duration		Republic Era	year	month	to	year	month	Total	days				
Year		Start and end location		Work summary		Transportation expenses	Living expenses	Office expenses	Registration fees	Total			
month	date												
Travel expenses in total NTD					Recipient					(Signature)			
Payee for reimbursement			(NTD)										
School year	Accounting no.	Accounting item	Advance payment	Summary			Voucher No.			Attachment			
										Original piece Travel form and report piece Petition piece Another piece			