## 國立中興大學支出憑證黏存單

給付總額(A)

經費來源 (或計畫名稱)

單位名稱:

憑證

憑 證	3	預 算	. 科	目		节		记 码	( .	л )		經貝米	까 (马	义引重石	件/
編號	,	IR T	. 41	ч	千萬	百萬	十萬	萬千	百	+	元				
					1-0	1-0	1-1								
經 辨 人	單位	位主管	·或	出納組		;	總務	長		主	計室	主言	十主任	校	長
分機:	計	畫主持	人	(所得登記	己)	(+	-萬元以	下免會	)	審	核			或授	權代簽人
											元(含)以下 授權承辦人				元(含)以下 的動支與核
										經頁4				銷授權	皇系所或行
														政單位	主主管核決
				領		榖	ţ		收		據			附件:言	十 件
所屬年度月份	分	中華民	人國	年度			月份	-							
摘	要														
							_								
費用別		<u>金</u>	額	代扣戶	听得	稅	賃	領金	額		1 1-64 公京		第 註 五三咕		日心・1
交通費											1. 扣繳稅客	<b>基:競技</b>	獎金、幸	執行業務所	f得(含演
出席費											費等屬薪	片資所得為	為 5%	費、工作費	
演講費											2. 外籍(4) (1月1)	日至 12 月	月 31 日	)居留未注	萬 183 天 ,
<b>稿</b> 費											(1)鐘點 🤋	費、生活	日支費	<b>予、出席費</b>	繳率標準: 等薪資所
鐘點費											元以-	下者,按	6%扣繳	女。	以額 41, 205
											每次	給付不超	過五千	入,扣繳率 -元者,得	免扣繳。
											如同一課 照中華民	民稅年度內人國境內人	内居留起 居住之人	超過 183 ヲ 個人,按っ	₹者,得比 -般標準扣
											繳稅額。 3. 外籍人:		留證之	と統一證號	(並附證件
											影本。無	兵居留證:	者,前	8位採護用	照內之西元 召第1個字
合 計											之前2位	立字母編第	寫,並相	檢附護照景	<b>彡本,立即</b>
											扣繳稅額	自缴納及	中繳憑	單申報。	) 日內完成
領款人簽章							乡	<b>∤分</b> 證	號						
(請用正楷	')									+					
服務單分	位						鵈	戈	稱						
户籍地	址			縣(市)			鎮	區鄉		1	 村	(里)		鄰	
				路(街)			段		巷		弄	號	之	樓	
付款方式:			姓	名			局	號				<b>†</b> ł	<u>—</u>	號	
□逕付領款	人														
□本校墊付	人					員	工 亻	弋 號	:						

※本表單蒐集之個人資料,僅限於特定目的使用,非經當事人同意,絕不轉做其他用途,亦不會公佈任何資訊,並遵循本 校資料保存與安全控管辦理。

## National Chung Hsing University Expense Voucher Sticky Note

Unit Name:			
Voucher	D. I A.	Total Amount Paid (A)	Funding Source (or Project Name
37 1	Budget Account	1 万 1	

Voucher	D 1 4 A	,		Tota	al Aı	nou	ount Paid (A)				Funding Source (or Pro			ject Nam	e)
Number	Budget Account		千萬	百萬	十萬	萬	1	百	+	元					
					l			!	l						
** 11	Unit	Cachiar		7	Vica	Dro	aida.	nt	(	Offic	e of	Comptroll	or	Preside	enf

Handler Extension:	Unit Supervisor or Project Leader	Cashier Division (Income Registration)	Vice President for General Affairs (Exempt from association for amounts below NT\$100,000.)	Office of Accounting Review	Comptroller	President or Authorized Signatory
				Authorization for funds of NT\$10,000 or less (inclusive) requires approval and signature from the designated personnel		Authorization for disbursement and verification of funds below NT\$150,000 (inclusive) is determined by the head of the department or administrative unit.

## Receipt for Receiving Funds Annexes: \_\_\_ documents

Month of the year	ROC	Year	Month	
Abstract				
Fee	Amount	Withholding Income Tax	Net Amount Received	Remarks
Transportation Expenses				1. When the withheld tax amount exceeds NT\$2000, Withholding Income Tax should be applied; the withholding tax rates are as follows: 10% for athletic prizes and business
Attendance Fee				income (including speaking fees and manuscript fees); 5% for attendance fees,
Speaking Fee				work fees, hourly rate, and other salary income.
Manuscript Fee				Foreign nationals (including mainland China) coming to China are subject to one tax
Hourly Rate				allowance (January 1 to December 31) residence of less than 183 days, regardless of the amount of withholding tax, must be withheld, withholding rate standard:  (1)Hourly rate, daily subsistence allowances, attendance fees, and other salary income are subject to a withholding tax rate of 18%. However, for those with a total monthly
Total				payment of less than NT\$41,2050, withholding tax is calculated at a rate of 6%.  (2) Personal manuscript fees and Speaking Fee are subject to a withholding tax rate of 20%. However, payments of less than five thousand yuan each time may be exempt from withholding.  If staying for more than 183 days within the same tax year, the tax may be withheld according to the general standard for

					Republic of Ch 3. Foreign nation Resident Certical a copy of the confirst eight digit day of birth in first two letters copy of the please process that the Cothe withhold	ina. nals should ficate (ARC) ertificate. If the standard form is should be the western form is of the first passport should be the verification of the verification o	provide their Alien number and attach here is no ARC, the he year, month, and nat, followed by the name in English. A ould be provided, ation immediately, sion can complete payment and aration within 10
Signature of Payee (Please use block letters)			I.D. nun	nber			
Service Unit			Title	;			
Address	County (City	)	Township	/District	Vil	lage	Neighborhood
	Road (Street)	١	Section	Lane	Alley	Number	Floor
Payment Method:	Name	Pos	st office nur	nber		Account	
□Direct Payment to	)						
Payee							
□School Advance Payer		Em	ployee Cod	e :			

<sup>\*</sup>The personal information collected on this form is solely for specific purposes and will not be used for any other purposes without the consent of the individual. No information will be disclosed, and the data will be managed according to the data retention and security policies of the university.