

國立中興大學支出憑證黏存單

單位名稱：

| 憑證編號 | 預算科目 | 給付總額 (A) | | | | | | | 經費來源 (或計畫名稱) |
|------|------|----------|--------|--------|---|---|---|--------|--------------|
| | | 千 萬 | 百 萬 | 十 萬 | 萬 | 千 | 百 | 十 元 | |
| | | | | | | | | | |

| 經辦人 分機： | 單位主管或 計畫主持人 | 出納組 (所得登記) | 總務長 (十萬元以下免會) | 主計室 審核 | 主計主任 | 校 長 或授權代簽人 |
|------------|----------------|---------------|------------------|-----------------------------|------|--|
| | | | | 1萬元(含)以下 經費授權承辦人 員核章。 | | 15萬元(含)以下 經費的動支與核 銷授權系所或行 政單位主管核決 |

領 款 收 據

附件：計 件

| 所屬年度月份 | 中華民國 年度 月份 | |
|--------------------------------|--|-------|
| 摘要 | | |
| 費用別 | 金額 | 代扣所得稅 |
| 交通費 | | |
| 出席費 | | |
| 演講費 | | |
| 稿費 | | |
| 鐘點費 | | |
| | | |
| | | |
| | | |
| 合 計 | | |
| 領款人簽章 (請用正楷) | 身分證號 | |
| 服務單位 | 職 稱 | |
| 戶籍地址 | 縣(市) 鎮區鄉 村(里) 鄰 路(街) 段 巷 弄 號 之 樓 | |
| 付款方式： | 姓 名 | 局 號 |
| <input type="checkbox"/> 逕付領款人 | | |
| <input type="checkbox"/> 本校墊付人 | 員 工 代 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 Reimbursement Form

Unit Name: _____

| Voucher Number | Budget Account | Total Amount Paid (A) | | | | | | | Source of Funding (Or Project Name) |
|----------------|----------------|-----------------------|---------|------------------|--------------|----------|---------|-----|--|
| | | Ten million | Million | Hundred thousand | Ten thousand | Thousand | Hundred | Ten | |
| | | | | | | | | | |

| Case Officer Extension: | Unit Head or Principal Investigator | Cashier Division (Income registration) | Vice President for General Affairs <small>(Not required for amounts below NT\$100,000)</small> | Review by Office of Accounting | Comptroller | President or Authorized Signatory |
|-------------------------|-------------------------------------|--|---|---|-------------|---|
| | | | | The Case Officer is authorized to approve disbursement of NT\$10,000 or less. | | Expenses and reimbursements of \$150,000 or less are to be authorized by the head of the department or administrative unit. |

Receipt for Funds Received

No. of Attachment: _____

| Current period | ____/____ (MM/YYYY) | | | |
|-------------------------|---------------------|---------------------|---------------------|--|
| Summary | | | | |
| Expense | Amount | Income Tax Withheld | Net Amount Received | Remarks |
| Transportation Expenses | | | | <p>1. When the income tax amount exceeds NT\$2,000, the tax must be withheld. The withholding tax rates are as follows: 10% for competition prizes and business income (including lecture fees and writer's fees); 5% for attendance fees, work fees, hourly rate, and other salary income.</p> <p>2. Foreign nationals (including mainland China) who have stayed in Taiwan for less than 183 days in one assessment year (January 1 to December 31), are subject to withholding tax, regardless of the amount. The withholding rate standard is as follows:</p> <p>(1) Hourly rate, per diem allowance, attendance fees, and other salary income are subject to a withholding tax rate of 18%. However, total monthly payment of less than NT\$41,205 is subject to a withholding tax rate of 6%.</p> <p>(2) Writer's fee and lecture fee are subject to a withholding tax rate of 20%. Nevertheless, each payment of less than NT\$5,000 may be exempt from withholding tax.</p> <p>If staying for more than 183 days within an assessment year, the withholding tax rates comparable to tax rates for tax residents in the territory of the Republic of China shall apply.</p> |
| Attendance Fee | | | | |
| Lecture Fee | | | | |
| Writer's Fee | | | | |
| Hourly Rate | | | | |
| | | | | |
| | | | | |
| Total | | | | |

| | | | | |
|--|---|-------|---|---|
| | | | | 3. Foreign nationals should provide their Alien Resident Certificate (ARC) number and attach a copy of the certificate. If there is no ARC, the first eight digits should be the year, month, and day of birth in the passport, followed by the first two letters of the first name in English. A copy of the passport should be provided. Reimbursement should be processed immediately, so that the Cashier Division can complete the withholding tax payment and withholding tax statement filing within 10 days after payment. |
| Signature of Payee (In block letters) | | | National ID No. | |
| Service Unit | | | Job Title | |
| Permanent Address | County (City) Neighborhood Number | Floor | Township/District Road (Street) Section | Village Lane Alley |
| Payment Method: | | | | |
| <input type="checkbox"/> Direct Payment to Payee | Name | | Post office number | Account |
| <input type="checkbox"/> Advance Payer of the University | | | Employee No. | |

※ The personal information collected on this form is solely for specific use and will not be transferred for any other uses without the consent of the applicant. No information will be disclosed, and the data will be managed according to the data retention and security policies of the University.