Y u n T e c h Club Expense Reimbursement Record Form

Club Name		Date Received																
Subsidy Amount			hundred thousand	Ten thousand	thousand	hundred	ten	NT dolla	ar	Reimbursed Amount		hundred thousand	Ten thousand	thousand	hundred	ten	NT dollar	
Purpose Description			Event Date: Event Name:							Purchas Lequest Nu			<u> </u>					
							lease tic	k if c	onfirme	ed correc	t)							
General Affairs	Audit	Form							neral fairs	Audit		Receipt						
		The receipt and reimbursement record form date rethe actual reimbursement date.						ntch		Recei			ceipt header, date, and store stamp are all correct, with general affairs seal affixed.					
		Clu	Club seal and personal seal have been stamped on the receipt.								All required attachments are complete.							
		Department and student ID have been filled in on the receip									D.	Receipt purpose is clearly filled in, with unclear item names						
		The responsible person (club president) and the pay (general affairs officer) are correctly identified.						,			Red	Receipt purpose is clearly filled in, with unclear item names clarified.						
		]	Receipt is	ng the date.					Quantity and unit price are provided, and their multiplication equals the total amount.									
		Α	Any correc	s have been	1	A sam			equals the total amount.  Imple copy is attached for photocopying fees, regardless of									
		,		al affairs so	al. match the				Λ.α	amount.  Accommodation fee includes activity name, time, location,								
			The pasted		ursement n		i match the						accommodation address, and list of attendees.					
		A co	copy of the approved activity application form is attached								A saı	sample copy is attached for stamp fees, regardless of amount.						
		Т	The amount in both words and figures on the receipt is accurate.								Mea	Meal expenses during the event include event name, date and						
					accurate.							1	time, locat	ion, and l	ist of atten	dees.		
		Lecti	urer fees ir	ndicate cou	irse name,	time, and	location.					-	s for event			-	_	
		The i	he itemized list of consumables has been c				completed.				IIai	ame, date and time, location, list of attendees, and meeting minutes.						
General Affairs	Audit	Uniform Invoice						neral fairs	Audit				Oth	ers				
		i	Store invo	ice stamp a	l affairs se	airs seal have been				Rein	Reimbursement must be completed within two weeks after the event.							
		All	all invoices include the National YunTech Tax ID number.								-	Total from the same store does not exceed NT\$10,000.						
		In	avoice purpose is fully filled out; unclear item names are also clarified.								All re	All receipt/invoice items are eligible for reimbursement and are original copies.						
		M	Membership cards with point accumulation/cash discount features were not used.									Errors on receipts/invoices are corrected and stamped with the advisor's seal.						
		P	Prize items are accompanied by the winner list and prize details.									Bottled water purchase includes event name, time, location and list of attendees.						
											M	Meal count exceeds 30; priority purchase form is attached.						
		О	Original electronic invoice and purchase list are attached together with store stamp affixed.								Trai	Transportation fee includes event name, time, location, list of riders, departure and arrival points, and ride times.						
		Т	wo copie	s of the tri	plicate inv	voice stub	are attache	ed			Re	Reimbursement items match the budget items listed in the activity application.					l in the	
				with st	ore stamp					Final report submitted and signed for:								
							Su	bmittin	ng St	taff								
General A	Affair	s Sta	ff					C	Club	Presiden	nt							
Remark																		
							R	eceivin	g Sta	aff								
Preliminary Review							Secondary Review							Aco	ceptance			