

National Taipei University of Nursing and Health Sciences

Payment Receipt

Date : (Year) / (Month) / (Date)

Recipient		Affiliation/Title	
Service Description	1. <input type="checkbox"/> Speech <input type="checkbox"/> Attendance <input type="checkbox"/> Other income : _____ 2. Service period or units produced & payment rates-per hour/day or unit : _____		
Total Amount : NT\$ _____		Tax Withheld : NT\$ _____	
Net Amount : NT\$ _____	Signature		
Date of Arrival in Taiwan: ____ / ____ / ____ (dd/mm/yyyy) Passport No.: _____ Address in Taiwan: _____			