切 結 書

Affidavit

I, the undersigned, on [month] [day], [year] ☐ visited the outpatient (emergency) department of Taichung Armed Forces General Hospital ☐ was discharged from Taichung Armed Forces General Hospital, and paid medical expenses totaling NT$ in full.

Due to the loss of the original receipt, I applied for a refund of NT$ at Taichung Armed Forces General Hospital on January 1. This affidavit is hereby made. I hereby declare that the original receipt was lost and not used for other purposes. If I violate the intended use, I will bear all related legal responsibilities.

This document is made as an affidavit.

Affiant: _____(Signature/seal)

ID No.: _____

Contact Number: _____

Mailing Address:

MM YYYY