第４号-2様式 (Form 4-2 for Individual Applicant)

**Confirmation Report of Medical Interpretation Service**

**醫療口譯活動確認表/ 医療通訳活動確認書**

I hereby confirm that I have received the interpretation service as follow:

我在此確認我已收到以下口譯服務：

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your Name  姓名 | Last 姓/ | | First 名/ | | | |  | |
| Date you received interpretation service  您收到口譯服務的日期 | YYYY年: | | MM月: | | | | DD日: | |
| Place you received interpretation service  收到口譯服務的地方 |  | | | | | | | |
| Actual meeting time 實際開會時間 | : ~ :  (Total：　 hours(時間)　　　　minutes(分)) | | | | | | | |
| Any request change on the day (if applicable)  當日任何要求變更  （如果適用） |  | | | | | | | |
| Interpretation Cost  口譯費用 | Rewards  獎賞 |  | | Transportation  交通費 |  | Total  合計 | |  |
| Expected cost transfer date預期成本轉移日期 | YYYY年: | | | MM月: | | DD日: | | |
| Remarks  備註 |  | | | | | | | |

【Important Notice from OIHF / OIHF重要通知】

１．Rewards are calculated based on actual activity hours. Please make sure that there

is no discrepancy with the activity hours declared by the interpreter before submitting.

獎勵是根據實際活動時間計算的。提交之前，請確保與口譯員宣布的活動時間沒有差異。

２．Please pay the cost to the interpreter immediately to the designated account.

請立即將費用支付給口譯員到指定帳戶。

３．The transfer fee must be borne by the applicant.

轉讓費必須由申請人承擔。

**課長**

**主幹**

**担当**

**【事務局使用欄】**