**中華民國紅十字會 退費申請單**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申請日期 |  | | | | | 申請姓名 | | | | | |  | | | | |
| 報名課程名稱 |  | | | | | 報名課程日期 | | | | | |  | | | | |
| 身分證字號 |  | | | | | 聯絡手機 | | | | | |  | | | | |
| 退款戶名 |  | | | | | 分行 | | | | | |  | | | | |
| 退款帳號 |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |
| 退費原因 |  | | | | | | | | | | | | | | | |
| 檢附資料 | □繳費證明(收據)影本  □郵局/銀行存簿正反面影本 | | | | | | | | | | | | | | | |
| **【審核欄】(以下資料由承辦人填寫)** | | | | | | | | | | | | | | | | |
| 檢附資料 | □核對無誤 □資料不齊，需補件： | | | | | | | | | | | | | | | |
| 審核結果 | □符合規定 □不符合規定 | | | | | | | | | | | | | | | |
| 退費金額 |  | | | | | | | | | | | | | | | |
| 審核人員 |  | | | | | 審核日期 | | | | | |  | | | | |