



澳門大學
UNIVERSIDADE DE MACAU
UNIVERSITY OF MACAU



Ref. no.: ADMO-HRS/F/090

APPROVED BY DELEGATION/
SUB-DELEGATION

/ /

「2019 年牙科保健補貼計劃」醫療費用申請表

Application for Reimbursement of Medical Expenses for “Dental Care Sponsorship Scheme 2019”

本人聲明於本澳註冊之醫療機構作牙科治療，現申請報銷有關費用。

I declare that I had dental consultation at registered medical institution in Macao, and would like to apply for reimbursement of the related expenses.

姓名 Staff Name: _____ 職員編號 Staff No: _____

學院/部門 Faculty/Department: _____ 簽署 Signature: _____ 日期 Date: _____

澳門醫療機構名稱 Name of the medical institution in Macao: _____

金額 (澳門幣) Amount (MOP): _____

請填妥申請表，並連同醫療費用之正本收據於繳費後 30 日內或 2020 年 1 月 2 日或之前(以較早者為準)交予人力資源處，報銷金額將於審批後 2 個月內以自動轉帳形式發放。2020 年 1 月 2 日後遞交之報銷申請將不獲接納。Please fill in the application form and submit to HRS together with the original receipt of medical expenses **within 30 days** from the day on which the medical expenses are paid, or **by 02/01/2020** (whichever is earlier). The reimbursement will be settled within 2 months through autopay upon approval. Application submitted after 02/01/2020 will not be accepted.

For HRS Use		
Ref. No: <u>ADMO-HRS/RTO/0012/2019</u>	Claimed Amount (before reimbursement): MOP _____	
Occurred Month: _____	Verified by: _____	Date: _____
Budget marked by FO		
Budget Commitment # _____	Amount: MOP _____	Fiscal Year: _____
Registered by: _____	Date: _____	