## **Appendix 2 NCHU Multidisciplinary Peer Activity Record Form**

Please send this activity record form to ke0409@nchu.edu.tw within ten working days from the date of issue of each receipt.

The subject will be: 【Your Community Name】Activity Record Form.

**Ⅰ. Activity Information**

|  |  |
| --- | --- |
| **Community Name** |  |
| **Categories** |

|  |
| --- |
| □ Lectures □ Workshop □ Curriculum Development□ Others:ˍˍˍˍˍˍˍˍˍˍˍˍˍˍˍˍˍˍˍˍˍˍˍ |

 |
| **theme** |  |
| **Date** |  |
| **Location** |  |
| **Attendees** | **Members** |  |
| **Number of participants** |  |
| **lecturer(advisory committee) name / company** |  |
| **Details of the** **activity/meeting** |  |
| **Activity Photos(At least 4 pictures)**- Insert new row(s) if needed. |
|  |  |
| (text description) | (text description) |
|  |  |
| (text description) | (text description) |

**Ⅱ. Activity Sign-in Sheet**

For in-person events, a scanned copy of the paper sign-in sheet must be submitted;

For online events, a screenshot of all participants' headshots is required as proof of attendance.

* Activity Topic:
* Date:
* Location:
* Attendees:

| **No.** | **Department** | **Position** | **Name** | **Signature** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |

Insert new row(s) if needed.

|  |
| --- |
| Scanned copy of the paper sign-in sheet |
|  |

**Ⅲ. Activity Receipts List**

* Activity Topic:
* Date:
* Location:

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Receipt No. | Description | Advance Payer(ID) |
| Ex. | SB12345678 | Printing Expenses. Printing of lecture materials。 | ○○○(N123456789) |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |

Insert new row(s) if needed.