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|  | **請 款 清 冊**  表4 | | | | | | | | | | | | | |
|  | 廠商名稱： 廠商統編： 簽約代碼:  會計年度: 年 月 | | | | | | | | | | | | | |
| 編號 | 購買日期 | 廠商登打日期 | 個案姓名 | 身分證字號 | 經濟狀況別 | 輔具項目名稱 | 產品廠牌 | 產品型號 | 產品序號 | 統一發票號碼 | 核定金額 | 購買金額 | 申請補助  金額 | 民眾自費金額 | |
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| 合計 | | | | | | | | | | |  |  |  |  | |
| 承辦人核章 業務主管/業務負責人核章 廠商用印 | | | | | | | | | | | | | | | |