**衛生福利部補助非消耗品清冊**

 **受補助單位名稱:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序號** | **物品編號** | **物品名稱** | **廠牌** | **型式** | **單位** | **數量** | **購置日期** | **使用年限** | **單價** | **總價** | **存置地點** | **備註** |
| **物品** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

備註:

1. 一萬元以上且使用年限在兩年以上之設施設備列為財產（資本門經費）；未滿一萬元列非消耗品（經常門經費）。

2.有關充實設施設備已核准補助之設施設備，應製作財產清冊，於該設施設備黏貼財產標籤。

頁次: 製表日期: 年 月 日

製表人: 會/主計單位: 單位負責人: