**苗栗縣 鄉（鎮、市） 社區照顧關懷據點志工交通費印領清冊**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 編號 | 姓名 | 性別 | 出 生  年月日 | 身份證  字號 | 住 址 | 關懷訪視案次 | 關懷訪視地點（村里） | 訪問  日數 | 單價  /  日 | 實領  金額 | 簽章 |
| 1 |  |  |  |  |  |  |  |  | **100** |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |  |  |  |  |  |
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| 13 |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |
| 合 計 | | | | | | 共 次 |  | 共日 |  | 元 |  |

**製表人：   會計：   出納：  單位主管：**

**  鄉（鎮、市）  （社區/團體名稱）**