**苗栗縣頭份市 社區照顧關懷據點**

 **年度 月~ 月設備費支出明細表**

 **(□開辦費□充實設施設備費) 單位:新台幣元**

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| **支出日期** | **財產編號** | **申請項目** | **原始憑證編號** | **單位** | **數量** | **單價** | **小計** | **補助金額****上限**(※參考核定表) | **基本應自籌款**(※小計扣除補助上限金額) | **備註** |
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| **合計** |  |  |  |  |

填表說明: 1. 充實設施設備費應自籌經費比率30%，初設據點者開辦費免自籌款(縣政府補助)。

 2.「申請項目」名稱應與核定表相同。

 3.「原始憑證編號」請依當月份經常門支出之憑證編號續編。

 4.「補助金額上限」請參考衛生福利部社會及家庭署補助計畫核定表之備註第七點。

填表人: 會計: 出納: 理事長: