表申1

請款清冊

廠商名稱：廠商統編：送件日期：

會計年度： 月份:

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| 編號 | 給付方式  (購買/租賃) | | 購買/租賃日期 | | | 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 | 登記字號 | 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 | | | | | | | | | | | | |  | |  | |  | |  | |
|  | | 廠商用印 | | | | | | | | | | | | | | | | | | | | |