**身心障礙者醫療輔具購置/租賃**

表申2

**支出憑證黏存單**

**特約單位名稱：**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **黏存單**  **編 號** | **項目** | **單據金額** | | | | | | | **備註** |
| **拾萬** | **萬** | **千** | | **佰** | **拾** | **元** |
| 1 | **醫療輔具**  (詳如服務費用項目清冊) |  |  |  | |  |  |  | 共 人 |
| 經手人 | | | | | 負責人 | | | | |
|  | | | | |  | | | | |