**服務費用項目清冊**

表04

**特約單位名稱：** **聯絡人姓名及電話**：

**會計年度**： **月 份**：

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| **編號** | **購買日期** | | | **個案姓名** | **身分證字號** | **福利身分別** | **輔具/修繕項目名稱** | **產品廠牌** | **產品型號** | **產品序號** | **統一發票**  **號碼** | **核定給付金額** | **購買金額** | **申請給付**  **金額** | **民眾部分負擔金額** |
| **年** | **月** | **日** |
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| 合計 | | | | | | | | | | | |  |  |  |  |

**註：購買金額應等於申請給付金額及民眾部分負擔之加總。**