**診所獎勵金之獎勵人員清冊(紙本繳交衛生所)**

**診所名稱(全銜)： 填表人電話：**

**填表人姓名： 填表人電子信箱：**

**單位：新臺幣(元)**

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| **序號** | **姓名** | **身分證字號** | **執業類別** | **防疫獎勵金** | **備註** |
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| **12** |  |  |  |  |  |
| **人員獎勵費用合計(A)** |  |
| **總獎勵金額(B)** |  |
| **人員獎勵百分比(C=A/B)** |  |

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| **填表人** | **單位主管** | **人事單位** | **出納單位** | **會計單位** | **負責人** |
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**備註：**

**1. 貴診所倘無人事單位、出納單位或會計等單位，請劃斜線不用簽章。**

**2. 獎勵金已由衛生福利部中央健康保險署撥付給各診所，請自行確認金額填報。**

**3. 獎勵金發放之相關工作人員清冊，得由機構負責人統一填復；另機構獎勵金由機構負責人（或負**

 **責醫師）依各工作人員（包含負責醫師）實際執行情形發放及運用。**

**診所獎勵金之獎勵人員清冊(診所自行留存)**

**診所名稱(全銜)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**單位：新臺幣(元)**

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| **序號** | **姓名** | **身分證字號** | **執業類別** | **防疫獎勵金** | **簽收** |
| **1** |  |  |  |  |  |
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| **人員獎勵費用合計(A)** |  |

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| **填表人** | **單位主管** | **人事單位** | **出納單位** | **會計單位** | **負責人** |
|  |  |  |  |  |  |

**備註：請於各院所收到費用，核實分給相關工作人員後並簽名自存備查。**