單位名稱：

 年度社區整體照顧服務體系-C級巷弄長照站 臨時酬勞費 印領清冊

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| **姓名** | **身份證字號** | **戶籍地址** | **工作內容** | **日期** | **起訖時間** | **時數** | **補助金額** | **簽章** |
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**製表人： 單位負責人：**

備註：如以劃撥入帳撥付者，得檢附轉帳金融機構等之簽收或證明文件，免請受款人簽章。