單位名稱：

○○○年度 建立社區照顧關懷據點並設置巷弄長照站 臨時工資費用 印領清冊

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

製表： 會計： 單位負責人：

**※ 年底統一開立扣繳憑單**