**臺南市政府補助110年 月臺南市弱勢原住民健康風險扶助計畫(第一階段)印領清冊**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **編號** | | **申請者姓名** | | **出生日期** | **身分證字號** | | **族別** | **電話** | **地址** | | **是否需進行二階健檢** | **申請金額** |
|  | |  | |  |  | |  |  |  | | □否 □是 |  |
|  | |  | |  |  | |  |  |  | | □否 □是 |  |
|  | |  | |  |  | |  |  |  | | □否 □是 |  |
|  | |  | |  |  | |  |  |  | | □否 □是 |  |
|  | |  | |  |  | |  |  |  | | □否 □是 |  |
|  | |  | |  |  | |  |  |  | | □否 □是 |  |
|  | |  | |  |  | |  |  |  | | □否 □是 |  |
| **合計** | | | | | | | | | | | **新臺幣 元** | |
| 承辦人 | | 單位主管 | | | 出納 會計 | | | | 機關(單位)首長 | | | |

匯款銀行/分行：

匯款帳戶：

匯款帳號：

**臺南市政府補助110年 月臺南市弱勢原住民健康風險扶助計畫(第二階段)印領清冊**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **編號** | | **申請者姓名** | | **出生日期** | **身分證字號** | | **族別** | **電話** | **地址** | | **上傳健康檢查報告明細表** | **申請金額** |
|  | |  | |  |  | |  |  |  | | □有 □無 |  |
|  | |  | |  |  | |  |  |  | | □有 □無 |  |
|  | |  | |  |  | |  |  |  | | □有 □無 |  |
|  | |  | |  |  | |  |  |  | | □有 □無 |  |
|  | |  | |  |  | |  |  |  | | □有 □無 |  |
|  | |  | |  |  | |  |  |  | | □有 □無 |  |
|  | |  | |  |  | |  |  |  | | □有 □無 |  |
| **合計** | | | | | | | | | | | **新臺幣 元** | |
| 承辦人 | | 單位主管 | | | 出納 會計 | | | | 機關(單位)首長 | | | |

匯款銀行/分行：

匯款帳戶：

匯款帳號：