**計畫編號/單位名稱: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

附件3-1

**臺中市政府衛生局113年社區整體照顧服務體系計畫C據點長照站**

**＿月「交通費」油料清單**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **日期** | **時間** | **領用人****職稱/姓名** | **車輛****種類/車號** | **行車事由** | **經過地點** | **里程** | **耗用汽油量** | **補助金額(新臺幣:元)** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

業務單位：(簽章) 會計單位：(簽章) 單位負責人：(簽章)