**機關單位名稱:**

附件7

**臺中市政府衛生局114年社區整體照顧服務體系計畫和平區A單位**

**＿月油料清單**

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| **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)** |
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業務單位：(簽章) 會計單位：(簽章) 單位負責人：(簽章)