格式四

# 中小企業符合勞動部職業安全衛生署
# 臨場健康服務條件補助清冊

| 補捐助案號 | 受補助事業單位 | 補助類別 | 支出總金額 | 自籌金額 | 補助金額 | 補助期間 | 金融機構代號 | 金融機構名稱 | 匯款帳號 | 備註 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 合計 | | | | | | | | | | |

承辦人：　　單位主管：