**112年07月財團法人弗傳慈心基金會 ${TYPE} 服務簽收單**

個案姓名：${CT\_NAME} 送餐員姓名：${DP\_NAME} 區域：${REGION}

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| |  | | --- | | 10 | | |  | | --- | | 11 | | |  | | --- | | 12 | | |  | | --- | | 13 | | |  | | --- | | 14 | | |  | | --- | | 15 | | |  | | --- | | 16 | |
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□　本月服務中，個案如有異狀，均回報本會。

□　本月餐食於${TIME}前送達 ☐有 ☐無，原因：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。