**112年09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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| 一 | 二 | 三 | 四 | 五 | 六 | 日 |
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| |  | | --- | | 18 | | |  | | --- | | 19 | | |  | | --- | | 20 | | |  | | --- | | 21 | | |  | | --- | | 22 | | |  | | --- | | 23 | | |  | | --- | | 24 | |
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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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。