**112年01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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| |  | | --- | | 30 | | |  | | --- | | 31 | |  |  |  |  |  |

□　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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

**112年02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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| |  | | --- | | 27 | | |  | | --- | | 28 | |  |  |  |  |  |

□　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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

**112年03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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| |  | | --- | | 27 | | |  | | --- | | 28 | | |  | | --- | | 29 | | |  | | --- | | 30 | | |  | | --- | | 31 | |  |  |

□　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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

**112年04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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□　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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

**112年05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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□　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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

**112年06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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□　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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

**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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| |  | | --- | | 31 | |  |  |  |  |  |  |

□　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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

**112年08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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| |  | | --- | | 28 | | |  | | --- | | 29 | | |  | | --- | | 30 | | |  | | --- | | 31 | |  |  |  |

□　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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

**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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□　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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

**112年10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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□　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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

**112年11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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□　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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

**112年12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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□　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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。