**113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}

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 一 | 二 | 三 | 四 | 五 | 六 | 日 |
| |  | | --- | | 1 | | |  | | --- | | 2 | | |  | | --- | | 3 | | |  | | --- | | 4 | | |  | | --- | | 5 | | |  | | --- | | 6 | | |  | | --- | | 7 | |
| |  | | --- | | 8 | | |  | | --- | | 9 | | |  | | --- | | 10 | | |  | | --- | | 11 | | |  | | --- | | 12 | | |  | | --- | | 13 | | |  | | --- | | 14 | |
| |  | | --- | | 15 | | |  | | --- | | 16 | | |  | | --- | | 17 | | |  | | --- | | 18 | | |  | | --- | | 19 | | |  | | --- | | 20 | | |  | | --- | | 21 | |
| |  | | --- | | 22 | | |  | | --- | | 23 | | |  | | --- | | 24 | | |  | | --- | | 25 | | |  | | --- | | 26 | | |  | | --- | | 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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

**113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}

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 一 | 二 | 三 | 四 | 五 | 六 | 日 |
|  |  |  | |  | | --- | | 1 | | |  | | --- | | 2 | | |  | | --- | | 3 | | |  | | --- | | 4 | |
| |  | | --- | | 5 | | |  | | --- | | 6 | | |  | | --- | | 7 | | |  | | --- | | 8 | | |  | | --- | | 9 | | |  | | --- | | 10 | | |  | | --- | | 11 | |
| |  | | --- | | 12 | | |  | | --- | | 13 | | |  | | --- | | 14 | | |  | | --- | | 15 | | |  | | --- | | 16 | | |  | | --- | | 17 | | |  | | --- | | 18 | |
| |  | | --- | | 19 | | |  | | --- | | 20 | | |  | | --- | | 21 | | |  | | --- | | 22 | | |  | | --- | | 23 | | |  | | --- | | 24 | | |  | | --- | | 25 | |
| |  | | --- | | 26 | | |  | | --- | | 27 | | |  | | --- | | 28 | | |  | | --- | | 29 | |  |  |  |

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

**113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}

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 一 | 二 | 三 | 四 | 五 | 六 | 日 |
|  |  |  |  | |  | | --- | | 1 | | |  | | --- | | 2 | | |  | | --- | | 3 | |
| |  | | --- | | 4 | | |  | | --- | | 5 | | |  | | --- | | 6 | | |  | | --- | | 7 | | |  | | --- | | 8 | | |  | | --- | | 9 | | |  | | --- | | 10 | |
| |  | | --- | | 11 | | |  | | --- | | 12 | | |  | | --- | | 13 | | |  | | --- | | 14 | | |  | | --- | | 15 | | |  | | --- | | 16 | | |  | | --- | | 17 | |
| |  | | --- | | 18 | | |  | | --- | | 19 | | |  | | --- | | 20 | | |  | | --- | | 21 | | |  | | --- | | 22 | | |  | | --- | | 23 | | |  | | --- | | 24 | |
| |  | | --- | | 25 | | |  | | --- | | 26 | | |  | | --- | | 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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

**113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}

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 一 | 二 | 三 | 四 | 五 | 六 | 日 |
| |  | | --- | | 1 | | |  | | --- | | 2 | | |  | | --- | | 3 | | |  | | --- | | 4 | | |  | | --- | | 5 | | |  | | --- | | 6 | | |  | | --- | | 7 | |
| |  | | --- | | 8 | | |  | | --- | | 9 | | |  | | --- | | 10 | | |  | | --- | | 11 | | |  | | --- | | 12 | | |  | | --- | | 13 | | |  | | --- | | 14 | |
| |  | | --- | | 15 | | |  | | --- | | 16 | | |  | | --- | | 17 | | |  | | --- | | 18 | | |  | | --- | | 19 | | |  | | --- | | 20 | | |  | | --- | | 21 | |
| |  | | --- | | 22 | | |  | | --- | | 23 | | |  | | --- | | 24 | | |  | | --- | | 25 | | |  | | --- | | 26 | | |  | | --- | | 27 | | |  | | --- | | 28 | |
| |  | | --- | | 29 | | |  | | --- | | 30 | |  |  |  |  |  |

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

**113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}

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 一 | 二 | 三 | 四 | 五 | 六 | 日 |
|  |  | |  | | --- | | 1 | | |  | | --- | | 2 | | |  | | --- | | 3 | | |  | | --- | | 4 | | |  | | --- | | 5 | |
| |  | | --- | | 6 | | |  | | --- | | 7 | | |  | | --- | | 8 | | |  | | --- | | 9 | | |  | | --- | | 10 | | |  | | --- | | 11 | | |  | | --- | | 12 | |
| |  | | --- | | 13 | | |  | | --- | | 14 | | |  | | --- | | 15 | | |  | | --- | | 16 | | |  | | --- | | 17 | | |  | | --- | | 18 | | |  | | --- | | 19 | |
| |  | | --- | | 20 | | |  | | --- | | 21 | | |  | | --- | | 22 | | |  | | --- | | 23 | | |  | | --- | | 24 | | |  | | --- | | 25 | | |  | | --- | | 26 | |
| |  | | --- | | 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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

**113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}

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 一 | 二 | 三 | 四 | 五 | 六 | 日 |
|  |  |  |  |  | |  | | --- | | 1 | | |  | | --- | | 2 | |
| |  | | --- | | 3 | | |  | | --- | | 4 | | |  | | --- | | 5 | | |  | | --- | | 6 | | |  | | --- | | 7 | | |  | | --- | | 8 | | |  | | --- | | 9 | |
| |  | | --- | | 10 | | |  | | --- | | 11 | | |  | | --- | | 12 | | |  | | --- | | 13 | | |  | | --- | | 14 | | |  | | --- | | 15 | | |  | | --- | | 16 | |
| |  | | --- | | 17 | | |  | | --- | | 18 | | |  | | --- | | 19 | | |  | | --- | | 20 | | |  | | --- | | 21 | | |  | | --- | | 22 | | |  | | --- | | 23 | |
| |  | | --- | | 24 | | |  | | --- | | 25 | | |  | | --- | | 26 | | |  | | --- | | 27 | | |  | | --- | | 29 | | |  | | --- | | 29 | | |  | | --- | | 30 | |

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

**113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}

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 一 | 二 | 三 | 四 | 五 | 六 | 日 |
| |  | | --- | | 1 | | |  | | --- | | 2 | | |  | | --- | | 3 | | |  | | --- | | 4 | | |  | | --- | | 5 | | |  | | --- | | 6 | | |  | | --- | | 7 | |
| |  | | --- | | 8 | | |  | | --- | | 9 | | |  | | --- | | 10 | | |  | | --- | | 11 | | |  | | --- | | 12 | | |  | | --- | | 13 | | |  | | --- | | 14 | |
| |  | | --- | | 15 | | |  | | --- | | 16 | | |  | | --- | | 17 | | |  | | --- | | 18 | | |  | | --- | | 19 | | |  | | --- | | 20 | | |  | | --- | | 21 | |
| |  | | --- | | 22 | | |  | | --- | | 23 | | |  | | --- | | 24 | | |  | | --- | | 25 | | |  | | --- | | 26 | | |  | | --- | | 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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

**113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}

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 一 | 二 | 三 | 四 | 五 | 六 | 日 |
|  |  |  | |  | | --- | | 1 | | |  | | --- | | 2 | | |  | | --- | | 3 | | |  | | --- | | 4 | |
| |  | | --- | | 5 | | |  | | --- | | 6 | | |  | | --- | | 7 | | |  | | --- | | 8 | | |  | | --- | | 9 | | |  | | --- | | 10 | | |  | | --- | | 11 | |
| |  | | --- | | 12 | | |  | | --- | | 13 | | |  | | --- | | 14 | | |  | | --- | | 15 | | |  | | --- | | 16 | | |  | | --- | | 17 | | |  | | --- | | 18 | |
| |  | | --- | | 19 | | |  | | --- | | 20 | | |  | | --- | | 21 | | |  | | --- | | 22 | | |  | | --- | | 23 | | |  | | --- | | 24 | | |  | | --- | | 25 | |
| |  | | --- | | 26 | | |  | | --- | | 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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

**113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}

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 一 | 二 | 三 | 四 | 五 | 六 | 日 |
|  |  |  |  |  |  | |  | | --- | | 1 | |
| |  | | --- | | 2 | | |  | | --- | | 3 | | |  | | --- | | 4 | | |  | | --- | | 5 | | |  | | --- | | 6 | | |  | | --- | | 7 | | |  | | --- | | 8 | |
| |  | | --- | | 9 | | |  | | --- | | 10 | | |  | | --- | | 11 | | |  | | --- | | 12 | | |  | | --- | | 13 | | |  | | --- | | 14 | | |  | | --- | | 15 | |
| |  | | --- | | 16 | | |  | | --- | | 17 | | |  | | --- | | 18 | | |  | | --- | | 19 | | |  | | --- | | 20 | | |  | | --- | | 21 | | |  | | --- | | 22 | |
| |  | | --- | | 23 | | |  | | --- | | 24 | | |  | | --- | | 25 | | |  | | --- | | 26 | | |  | | --- | | 27 | | |  | | --- | | 28 | | |  | | --- | | 29 | |
| |  | | --- | | 30 | |  |  |  |  |  |  |

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

**113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}

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 一 | 二 | 三 | 四 | 五 | 六 | 日 |
|  | |  | | --- | | 1 | | |  | | --- | | 2 | | |  | | --- | | 3 | | |  | | --- | | 4 | | |  | | --- | | 5 | | |  | | --- | | 6 | |
| |  | | --- | | 7 | | |  | | --- | | 8 | | |  | | --- | | 9 | | |  | | --- | | 10 | | |  | | --- | | 11 | | |  | | --- | | 12 | | |  | | --- | | 13 | |
| |  | | --- | | 14 | | |  | | --- | | 15 | | |  | | --- | | 16 | | |  | | --- | | 17 | | |  | | --- | | 18 | | |  | | --- | | 19 | | |  | | --- | | 20 | |
| |  | | --- | | 21 | | |  | | --- | | 22 | | |  | | --- | | 23 | | |  | | --- | | 24 | | |  | | --- | | 25 | | |  | | --- | | 26 | | |  | | --- | | 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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。

**113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}

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 一 | 二 | 三 | 四 | 五 | 六 | 日 |
|  |  |  |  | |  | | --- | | 1 | | |  | | --- | | 2 | | |  | | --- | | 3 | |
| |  | | --- | | 4 | | |  | | --- | | 5 | | |  | | --- | | 6 | | |  | | --- | | 7 | | |  | | --- | | 8 | | |  | | --- | | 9 | | |  | | --- | | 10 | |
| |  | | --- | | 11 | | |  | | --- | | 12 | | |  | | --- | | 13 | | |  | | --- | | 14 | | |  | | --- | | 15 | | |  | | --- | | 16 | | |  | | --- | | 17 | |
| |  | | --- | | 18 | | |  | | --- | | 19 | | |  | | --- | | 20 | | |  | | --- | | 21 | | |  | | --- | | 22 | | |  | | --- | | 23 | | |  | | --- | | 24 | |
| |  | | --- | | 25 | | |  | | --- | | 26 | | |  | | --- | | 27 | | |  | | --- | | 28 | | |  | | --- | | 29 | | |  | | --- | | 30 | |  |

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

**113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}

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 一 | 二 | 三 | 四 | 五 | 六 | 日 |
|  |  |  |  |  |  | |  | | --- | | 1 | |
| |  | | --- | | 2 | | |  | | --- | | 3 | | |  | | --- | | 4 | | |  | | --- | | 5 | | |  | | --- | | 6 | | |  | | --- | | 7 | | |  | | --- | | 8 | |
| |  | | --- | | 9 | | |  | | --- | | 10 | | |  | | --- | | 11 | | |  | | --- | | 12 | | |  | | --- | | 13 | | |  | | --- | | 14 | | |  | | --- | | 15 | |
| |  | | --- | | 16 | | |  | | --- | | 17 | | |  | | --- | | 18 | | |  | | --- | | 19 | | |  | | --- | | 20 | | |  | | --- | | 21 | | |  | | --- | | 22 | |
| |  | | --- | | 23 | | |  | | --- | | 24 | | |  | | --- | | 25 | | |  | | --- | | 26 | | |  | | --- | | 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：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_。