|  |  |
| --- | --- |
|  | （安老院名稱） |
| **住客零用錢提存紀錄** |

（適用於住客或其監護人／保證人／家人／親屬委託安老院代其保管及運用住客的零用錢）

|  |  |  |  |
| --- | --- | --- | --- |
| **住客姓名** |  | **身份證號碼** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **日期** | **摘要／目的／用途** | **存入****金額** | **支出****金額** | **結餘** | **住客／****委託人#簽署** | **負責職員****姓名及簽署** | **見證職員****姓名及簽署** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

#委託人指住客的監護人／保證人／家人／親屬

|  |  |  |  |
| --- | --- | --- | --- |
| **核對人簽名** | **核對人姓名** | **核對人職位** | **核對日期** |
|  |  |  |  |