**嘉義市政府補助學前及國民教育階段身心障礙學生交通費清冊**

**申請學校/幼兒園：**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **編號** | **學生姓名** | **檢附資料(請勾選)** | | | | **申請月份** | **申請金額** | **核發金額** | **簽章** |
| **身障**  **證明** | **就醫**  **紀錄** | **診斷**  **證明** | **特殊**  **理由** |
|  |  |  |  |  |  | **( )月-( )月** |  |  |  |
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※每人每天新臺幣25元，每月以20日計共500元整，第一學期自九月至翌年一月，

第二學期自三月至六月，請依實際就學月份申請。

※如欄位不足，請自行新增。

承辦人： 處室主任： 會計主任： 校長/園長：