○○○**年**○**月培力就業計畫補助勞職健保費印領清冊**

用人單位名稱：

職災費率： % 造冊日期： 年 月 日

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| 編號 | 姓名 | | 身分證  統一編號 | 地址 | | 投保  級距 | | 投保  天數 | 投保單位負擔部分 | | | | | 備註 |
| 勞保  (含職災) | | 健保 | | 合計 |
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| 總計： 萬 仟 佰 拾 元**(請以國字大寫書寫)** | | | | | | | | | | | | | | |
| 經辦人 | |  | | | | | 業務主管 | | |  | | | | |
| 主計(會計)經辦 | |  | | | 主計(會計)  主管 | |  | | | 單位  負責人 | |  | | |