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| --- | --- | --- | --- | --- | --- | --- |
|  | | \_\_\_镇街（园区）\_\_\_个人实际自费结算单 | | | | |
|  | | 单位：元 | | | | |
| 序号 | | 医院名称 | | 发票日期 | 票据编号 | 个人实际自费金额 | 备 注 |
| 1 | |  | |  |  |  |  |
| 2 | |  | |  |  |  |  |
| 3 | |  | |  |  |  |  |
| 4 | |  | |  |  |  |  |
| 5 | |  | |  |  |  |  |
| 6 | |  | |  |  |  |  |
| 7 | |  | |  |  |  |  |
| 8 | |  | |  |  |  |  |
| 9 | |  | |  |  |  |  |
|  | |  | |  | 合 计 |  |  |
| 附件： 张 | | | | | |
| 社区经办人（盖章）： 镇街（园区）妇联审核人（盖章）： | | | | | |
| 年 月 日 年 月 日 | | | | | |