## 様式３　受渡確認簿

　　　　　年度

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| No | 行政区 | 施設名 | 受渡しケース数 | | | | | | 受渡日 | 受取者の署名 | 市確認者  の署名 | 備考 |
| アルファ化米 | 飲料水 | 加水等が不要な食料 | 毛布 | 紙おむつ（成人） | 凝固剤 | 保健福祉局 |
| 見本 | 山科 | ○○センター | 3 | 1 | 2 | 2 | 1 | 0 | 3/25 | ○○ | 中京 |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |