別紙　　　　　　　　　**健康保険被保険者証受払簿**

**００年００月**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 年月日 | 常務理事 | 事務長 | 担当者 | 受 数 | 払 数 | 残 数 |
| 交 付 | 破 棄 |
| １ |  |  |  |  |  |  |  |
| ２ |  |  |  |  |  |  |  |
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| ４ |  |  |  |  |  |  |  |
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| ９ |  |  |  |  |  |  |  |
| １０ |  |  |  |  |  |  |  |
| １１ |  |  |  |  |  |  |  |
| １２ |  |  |  |  |  |  |  |
| １３ |  |  |  |  |  |  |  |
| １４ |  |  |  |  |  |  |  |
| １５ |  |  |  |  |  |  |  |
| １６ |  |  |  |  |  |  |  |
| １７ |  |  |  |  |  |  |  |
| １８ |  |  |  |  |  |  |  |
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| ２０ |  |  |  |  |  |  |  |
| ２１ |  |  |  |  |  |  |  |
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| ２９ |  |  |  |  |  |  |  |
| ３０ |  |  |  |  |  |  |  |
| ３１ |  |  |  |  |  |  |  |
| 当月交付枚数 ／ 破棄数 ／ 次月繰越数 |  |  |  |