**ทะเบียนคุมใบเสร็จรับเงิน**

**โรงพยาบาลส่งเสริมสุขภาพตำบล.......................................................**

**ปีงบประมาณ พ.ศ. 2566**

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| **วัน เดือน ปี** | **รายการ** | **รับ** | **จ่าย** | **คงเหลือ** | **ลายเซ็นผู้รับใบเสร็จ** |
| **จำนวน** | **เล่มที่**  | **จำนวน** | **เล่มที่** | **จำนวน** | **เล่มที่** |
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