**ทะเบียนคุมใบเสร็จรับเงิน**

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

**ปีงบประมาณ พ.ศ. 2566**

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| **วัน เดือน ปี** | **รายการ** | **รับ** | | **จ่าย** | | **คงเหลือ** | | **ลายเซ็น ผู้รับใบเสร็จ** |
| **จำนวน** | **เล่มที่** | **จำนวน** | **เล่มที่** | **จำนวน** | **เล่มที่** |
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