附件6

丹东市残疾儿童康复服务资金结算统计表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 身份证号 | 家庭详细住址 | 联系方式 | | 转介日期 | | | 康复训  练天数 | 主要训练  项目内容 | 本次救助  金额（元） | 家长确认签字 | 备注 |
| 1 |  |  |  |  |  | |  | | |  |  |  |  |  |
| 2 |  |  |  |  |  | |  | | |  |  |  |  |  |
| 3 |  |  |  |  |  | |  | | |  |  |  |  |  |
| 4 |  |  |  |  |  | |  | | |  |  |  |  |  |
| 5 |  |  |  |  |  | |  | | |  |  |  |  |  |
| 6 |  |  |  |  |  | |  | | |  |  |  |  |  |
|  |  |  | 残联 | | | 共计 | | 人 | 结算经费 | 元（大写 | |  | ） |  |
| 机构负责人 | | | | | 机构经办人 | | | | | | | | | |

机构名称：（盖章）