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| ＜参考様式１６＞  **受付番号：**  備品管理台帳 | | | | | | | | | | | |
|  |  |  |  |  |  |  |  | 事業者名： |  |  |  |
|  |  |  |  |  |  |  |  | 最終更新日： |  | | |
|  |  |  |  |  |  |  |  | 担当者： |  | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
| No | 備品名 | | 型番 | | 購入日 | 個数 | 購入金額 | 管理場所 | | 備考 | |
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