附件4

北京市残疾军人康复辅助器具配置（更换、维修）备案表

**单位（盖章）： 主管领导： 经办人： 时间：**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **身份证号** | **残疾证号** | **产品名称** | **产品编号** | **数量** | **单价****（元）** | **总价****（元）** | **备注** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 总计（元） |  |  |

说明：配置、更新、维修等类型在备注栏内标明