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| 附件14 | |  |  |  |  |  |  | |  | |  |  |  |  |
| 吉林省XXXX统筹区异地费用扣款分项明细表 | | | | | | | | | | | | | | |
| 异地类型：þ省内异地、þ跨省异地  业务事项类型：þ全部、þ异地就医、þ省内个人账户资金转移、þ集中带量采购药品及耗材结余留用、þ其他 | | | | | | | | | | | | | | |
| 制表单位：（省级经办机构签章） | | | | |  | 清算所属期： | | |  | |  |  | 单位：元（保留两位小数） | |
| 序号 | 统筹区名称 | 职工 | | | | | 居民 | | | | | | | 合计 |
| 超支结余补助 | 保证金扣款 | 审核扣款 | 超支返还 | 其他 | 超支结余补助 | | 保证金扣款 | | 审核扣款 | 超支返还 | 其他 |
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| 1 |  |  |  |  |  |  |  |  | |  | |  |  |  |
| 2 |  |  |  |  |  |  |  |  | |  | |  |  |  |
| 3 |  |  |  |  |  |  |  |  | |  | |  |  |  |
| 4 |  |  |  |  |  |  |  |  | |  | |  |  |  |
| 5 | …… |  |  |  |  |  |  |  | |  | |  |  |  |
| 6 | 合 计 |  |  |  |  |  |  |  | |  | |  |  |  |