継送電話受理票

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| 決済 | 校長 | 教頭 | | 受信者氏名 | | |  | | ㊞ | |
|  |  | |  | | |
| 発信者氏名 | | |  | | ㊞ | |
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|  | | | | | | | | | | |
| 受発信日時 | | | 月　　　日（　　　曜日）　午前・午後　　　時　　　分 | | | | | | | |
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| 表題 | |  | | | | | | | | |
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