**附件2：**

**劳务咨询费用发放情况表**

单位：元

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓 名** | **工作单位** | **职称或职务** | **身份证号** | **银行卡或存折账号** | **应发数** | **税款** | **实发数** | **签字确认** |
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| 合计 | | | | | |  |  |  |  |

活动内容： 活动时间：

分管领导签字： 部门负责人签字： 经办人：