高技能人才资助（奖励）申报核定表

申报单位：（盖章） 申报时间： 年 月 日

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| 申报单位（个人）名称 | | | | | | | |  | | | | | | | | | | | | | | | | |
| 申报资助（奖励）项目内容 | | | | | | | |  | | | | | | | | | | | | | | | | |
| 单位（个人）银行账户名称 | | | | | | | |  | | | | | | | | | | | | | | | | |
| 单位（个人）开户银行账号 | | | | | | | |  | | | | | | | | | | | | | | | | |
| 序号 | 姓 名 | | 身 份 证 号 | | | | | | | | | | | | | | | | | | | | | 人员类别 |
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| 申报单位（个人）承诺所填内容真实有效，如有虚假，承担相应法律责任。 单位（个人）：（章）  联系人： 联系电话：  （以上信息由申报单位或个人填写） | | | | | | | | | | | | | | | | | | | | | | | | |
| 核定意见 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 核定金额 | | （万元） | | | | | | | | | | | | | | | | | | | | | | |
| 核定人 | |  | | | | | | | | | | 复核人 | | | | | | |  | | | | | |

备注：不同资助（奖励）项目请分别申报。