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| 医疗住院补助金申报明细表 | | | | |
| 申报人单位: | | | | |
| 申报人姓名: | | | | |
| 序号 | 票据时间 | 票据总金额(元） | 个人账户支付金额 (元) | 个人现金支付金额 (元) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
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| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 合 计 | |  |  |  |
| 填表人签字： | |  | 填表日期： |  |