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| --- | --- | --- | --- | --- | --- |
| 附件3 | | | | | |
| **2023年促发展消费券实名制签收表** | | | | | |
| **时间： 年 月 日** | | | | | |
| 基层工会（公章）： 经办人： 联系电话： | | | | | |
| 序号 | 姓名 | 身份证号码 | 联系电话 | 消费券金额（元） | 签名 |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
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| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |