附件

**2017年省直机关“夏送清凉”报名表**

|  |  |  |  |
| --- | --- | --- | --- |
| 厅局直属（机关）工会意见（签章） |  | 基层工会名称（加盖印章） |  |
| 基层工会开户行、账号 |  | 人数 |  |
| 基层工会主席签字 |  | 联系电话 |  |
| 填写时间 |  | 填写人 |  | 联系电话 |  |
| **“夏送清凉”对象名单** |
| **序号** | **姓 名** | **性别** | **部门和职务** | **手 机** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 **“夏送清凉”对象名单**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **姓 名** | **性别** | **部门和职务** | **手 机** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |