附件

**2017年省直机关“夏送清凉”报名表**

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| 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** | |
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**“夏送清凉”对象名单**

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