附件2

泉州市职业技能竞赛项目补助申请汇总表

申请单位：（盖章）

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **主（承）办单位** | **竞赛职业****（工种）** | **实际开支金额（元）** | **申请补助金额（元）** | **开户单位****名称** | **开户行及账号** | **联系人和电话** |
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