附件6

 泉州市职业技能竞赛个人补助申请汇总表

申请单位：（盖章）

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| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **竞赛名称（全称）** | **竞赛地点** | **申请补贴金额（元）** | **个人银行账号及开户行** | **联系方式** |
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