化学所临时性专项服务劳务费发放审核表

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| **所属部门** | | | | **所在课题组** | | | **发放劳务费原因及标准（附具体工作内容相关说明及证明材料）** | | | | | | | |
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| **姓名** | **身份证号** | **税后金额** | | **开户银行(精确到支行)** | | **工行卡卡号** | | | **扣款账号** | **所在单位名称** | | **职务职级** | **联系电话** | **签名** |
| 张三 | 110110191915151111 |  | |  | |  | | |  |  | |  |  |  |
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| 合计 |  | | | | | | | | | | | | | |
| **经办人审核签字：** | | | | | **经办人联系方式：** | | | | | | **办理时间：** | | | |
| **课题组长明确意见及签字** | | | **实验室负责人明确意见及签字** | | | | | **科技处/质量处审核签字** | | | | **人事处审核签字** | | |
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| 备注 | 1. “发放劳务费原因及标准”部分应写清楚原因、发放的时间段或者时间点、发放总金额等。  2. 用人部门负责人对劳务费发放的真实性、合理性和有效性负直接责任。 3. 银行卡开户行必须为工商银行。  4. 劳务成本包含税后金额和应计税金。 | | | | | | | | | | | | | |