财政预算单位公务卡办卡人员清单

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| 单位名称： | | | | | | | | | |
| 序号 | 申请人  姓名 | | 工作部门 | 职务或职称 | 是否  在职在编 | 年收入  （万元） | 建议额度  （万元） | 备注 | 一卡通号 |
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|  | | 上表所填人数为 人 | | | | | | | | |
|  | | 本单位承诺上述申请人均为我单位在职人员，且上述信息真实、合法、有效。现统一向你行申办上述人员的公务卡。因本单位虚报或夹带非本单位员工办理公务卡而造成的欺诈损失由本单位承担。  经办人员签字： 负责人签字：  单位盖章： 年 月 日 | | | | | | | | |