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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 性别 |  | | 部门 | |  | | |
| 申  请  内  容 |  | | | | | | | | | | |
| 计划入住时间 | | |  | | | 入住天数 | |  | | 入住人数 |  |
| 部门审核 | | | 签名（盖章） | | | | | | | | |
| 领导审批 | | | 签名（盖章） | | | | | | | | |
| 1、教职员工因公事需入住招待所，住宿费60元/（间\*天）；  2、每学期期末费用结算，凭此单据校内划拨；  3、此表可复印或打印。 | | | | | | | | | | | |

下沙招待所住宿联系单

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| 姓名 | |  | | 性别 |  | | 部门 | |  | | |
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| 计划入住时间 | | |  | | | 入住天数 | |  | | 入住人数 |  |
| 部门审核 | | | 签名（盖章） | | | | | | | | |
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编号： 下沙招待所住宿联系单