附件5

沈阳市安全技能提升培训补贴汇总表

填报单位（公章）： 填报日期：年 月 日 填报人： 联系电话：

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| **序号** | **姓名** | | **身份证号码**  **（证号：T+身份证号）** | **操作项目** | **培训学时** | **发证时间** | **补贴金额（元）** | **补贴对象（个人/企业）** | **所属工作单位** | **个人/企业联系电话** | **个人/企业银行卡号** | **开户行** | **开户行号** | **本年度政府补贴性培训是否超过3次** |
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| 合计（元） | |  | | | | | | | | | | | | | |