

附件8**编号：**

劳务费签领单

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| 姓名 | 工作单位 | 开户行 | 账号 | 应发金额 | 应交个税 | 实发金额 | 身份证号码 | 手机号码 | 签领人 |
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| 制单人 |  | 科室负责人 |  |

**日期： 年 月 日**