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| **发放课题组（部门）：**  **发放事由： 年 月 日** | | | | | | | |
| **姓名** | **工作单位** | **职称** | **身份证号**  **（外籍人员护照号）** | **银行卡号** | **开户行**  **（精确到支行）** | **应发金额**  **（税前）** | **领取人签字** | |
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| **合计** | **人** |  | **—** | | | **元** | | |

**所外人员专家费发放明细表**