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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**