**长春工业大学教职工困难补助汇总表**

**单位(党组织盖章): 年 月 日**

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| **序号** | **姓 名** | **困难原因** | **困难等级** | **开户行** | **银行卡号** | **联系电话** |
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**填表人: 审核人:**

**（备注：请按困难程度排序填写）**