**野外科考住宿费包干、补助发放明细表**

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| **单位** | **姓名** | **职称** | **出差时间** | **目的地** |  | **天数** | **住宿费**  **包干金额** | **伙食补助** | **交通补助** | **公杂补助** | **金额** | **领取人签字** | **联系电话** |
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| **合计** | | | | | | |  |  |  |  |  | | |

课题负责人： 证明人： 经手人：