**南京医科大学公务接待清单**

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| **时 间** |  | **接待单位** | |  | | **经办人** | |  | |
| **接待事由** |  | | | | | | | | |
| **接待对象信息**  （可另附页） | **姓名** | **单位** | | | **职务** | | | | |
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| **校内陪同人员** | **姓名** |  | | | **人数** | | | |  |
| **接待明细**  （可另附页） | **接待项目** | **时间** | **地点** | | **费用** | | | | |
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| **共计（元）** |  | | | | | | | | |
| **经费项目** | **项目代码及名称** |  | | | **项目负责人** | |  | | |
| **接待单位经费“一支笔”**  **审批** | 签名： 年 月 日 | | | | | | | | |

**备注：1、接待明细项目包括餐费、住宿费、车费等。**

**2、如公务接待事项其人数和标准均按《公务接待审批表》执行，符合《公务接待清单》所要求内容，接待清单不再重复审批。**

**3、接待单位经费“一支笔”审批后报销单不重复审批。**