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| 领用处室 |  | | | | | |
| 日期 |  | | | | | |
| 申请理由 |  | | | | | |
| 项 目 | | | 数量 | 使用人 | | 备注 |
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| 所在处室意见 | |  | | | | |
| 办公室确认签字 | |  | | | | |
| 分管院领导意见 | |  | | | | |
| 院领导意见 | |  | | | | |
| 备 注 | |  | | | | |

**皖北卫生职业学院办公用品（**固定资产**）申请表**

申请人： 联系电话：