附件3

大学生实习实训补贴抽查审核表

**实习实训单位：**

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| **姓名** | **性别** | **身份证号码** | **所在高校** | **实习实**  **训时间** | **申请补贴金额（元）** | | | **手机号码** | **抽查**  **时间** | **抽查内容**  **及情况** | **抽查审核人员签名**  **（2人）** |
| **生活**  **补贴** | **住房或**  **住宿补贴** | **购买人身意外伤害保险** |
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