**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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓 名** | **符合第几条申请条件、困难情况** | **困难等级** | **开户行** | **银行卡号** | **联系电话** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**填表人: 审核人:**

**（备注：请按困难程度排序填写）**