宁波电商经济创新园区大学生实习实训基地补贴申报表

申报单位（盖章）： 填报日期： 年 月 日

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 单位性质 |  | 营业执照或法人（代码）证号 |  | 法人代表或负责人 |  | 申报人数 |  |
| 实际经营地址 |  | 开户银行 |  | 银行帐号 |  | 经办人 |  |
| 序号 | 姓 名 | 身 份 证 号 码 | 所在高校 | 人员岗位 | 是否交保险 | 申报月份 | 实习时间 | 享受月份 | 补贴金额 | 合计金额 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 合 计 |  |  |  |  |

|  |  |
| --- | --- |
| **企业意见** |  （盖章） 年 月 日 |
| **园区服务中心意见** | 经审核：符合园区大学生实习实训基地补贴 人， 元；受理审核人： 复核人： 年 月 日经办人（签名）： 年 月 日 |
| 领导签字： 年 月 日 |

注：本表请同时提供电子稿，注明企业名称后发送至qy87188718@163.com