附件

糖料蔗机收运输作业补贴线下办理情况汇总表

填报单位（盖章）： 填报时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **作业主体姓名（组织名称）** | **身份证号（统一社会信用代码）** | **作业主体联系电话** | **申请时间（年月日）** | **作业时间****（年月日）** | **服务对象姓名** | **服务对象联系电话** | **补贴****标准** | **重量（吨）** | **补贴****金额****（元）** | **糖企收据编号** | **备注** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| ... |  |  |  |  |  |  |  |  |  |  |  |  |
| 合计 |  |  |  |  |

填报人： 联系电话：

**注：标\*的列可留空，不导入系统。**