附件2

各 单 位 困 难 补 助 汇 总 表

 **单 位： （盖章）**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **一卡通号码** | **出生年月** | **在职或退休** | **申 请 事 由** | **患病或事件发生的时间、费用** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |