**XXX年XXX节慰问品签领表**

部门工会名称（盖章）： 报送时间: 年 月 日

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| --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 身份证号码 | 联系手机号 | 签领 | 备注 |
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**注：非编会员请在备注栏注明入会时间。**

制表人： 复核(部门工会主席)： 学校审批：