附件1：

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| **社会考试工作人员劳务费发放信息采集表** | | | | | | |
| **部门：** |  |  |  |  | **签字：** |  |
| **序号** | **姓名** | **身份证号码** | **电话号码** | **银行卡号** | **开户行** | **备注** |
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备注：请及时、准确填写各项信息，部门领导签字并加盖公章。