**南京天光所专家咨询费/劳务费发放表**

**附件1**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 会议名称： 课题代码： | | | | | | | |
| 咨询/评审内容： 时间： 地点： | | | | | | | |
| **序号** | **专家姓名** | **单 位** | **职称/职务** | **金额** | **银行开户行、卡号** | **专家签名** | **身份证号码** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
|  |  | 合计 |  |  |  |  |  |
| 制表人: 课题组长： 部门负责人: 职能部门负责人: | | | | | | | |