**南京天文光学技术研究所因公出访立项申请审批表**

**团组编号**(科技处填写)**：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 出访团组名称： | | | | | | | | | | | | | | | | | | | | |
| 出访团组成员基本信息： | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | | | 部门 | | | | | | | | 职务 | | | | | | | |
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| 出访国家或地区 | |  | | | | | | 顺访国家或地区 | | | | | |  | | | | | | |
| 拟离境日期 | |  | | | | | | 拟入境日期 | | | | | |  | | | | | | |
| 计划行程路线 | |  | | | | | | | | | | | | | | | | | | |
| 出访任务描述及出访行程安排 | |  | | | | | | | | | | | | | | | | | | |
| 经费来源 | | □研究所 | | | 项目名称： | | | | | | | | | | | | | | | |
| 课题编号： | | | | | | | | | | | | | | | |
| □其他资助单位: | | | | | | | | | | | | | | | | | | |
| □国外资助单位: | | | | | | | | | | | | | | | | | | |
| （如研究所与外单位共同支付请具体说明） | | | | | | | | | | | | | | | | | | |
| 经费预算（元） | | 合计 | 国际旅费 | | | 住宿费 | 伙食费 | | 公杂费 | | | | | | 城市间交通 | | | | | 其他费用 （会议注册费、签证费和必须的保险费用等） |
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| 须事先报批的支出事项: | | | | | | | | | | | | | | | | | | |
| 各项支出具体说明: | | | | | | | | | | | | | | | | | | |
| 邀请单位介绍（附件请附上邀请信）： | | | | | | | | | | | | | | | | | | | | |
| **出访人签字确认: 日期:** | | | | | | | | | | | | | | | | | | | | |
| **出国任务审核意见** | | | | | | | | | | | | | | | | | | | | |
| 审核部门 | 南京天光所科技处 | | | | | | | | | 审核日期 | | | | | | |  | | | |
| 审核内容 | 是否列入出国计划： | | | | | | | | |  | | | | | | | | | | |
| 出访目标和必要性： | | | | | | | | |  | | | | | | | | | | |
| 时间和国别是否符合规定： | | | | | | | | |  | | | | | | | | | | |
| 路线是否符合规定： | | | | | | | | |  | | | | | | | | | | |
| 团组人数是否符合规定： | | | | | | | | |  | | | | | | | | | | |
| 其他事项： | | |  | | | | | |  | | | | | | | | | | |
| **审核意见** |  | | | | | | | | | | | | | | | | | | | |
| **预算财务审核意见** | | | | | | | | | | | | | | | | | | | | |
| 审核单位 | 南京天光所财务处 | | | | | | | | | | 审核日期 | | | | | | |  | | |
| 审核内容 | 是否纳入年度经费预算: | | | | | | | | | | | | | | | | | | | |
| 预算审核说明: | | | | | | | | | | | | | | | | | | | |
| **审核意见** |  | | | | |  | | | | |  |  | | | |  | | |  | |
| 备注：出访团组和单位财务部门应对各项支出的测算和审核做详细说明。 | | | | | | | | | | | | | | | | | | | | |
| **分管所领导意见:** | | | | | | | | | | | | | | | | | | | | |
| 签 字: 日 期: | | | | | | | | | | | | | | | | | | | | |
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