附件

科研项目专家咨询费发放表

填写部门：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **咨询时间** | | 年 月 日至 年 月 日，共 天 | | | | | **咨询方式** |  | | |
| **咨询内容** | |  | | | | | | | | |
| **序号** | **姓名** | **证照类型** | **证照号码** | **工作单位** | **联系电话（手机号）** | **职称** | **银行账号** | **开户行详细信息** | **□应发金额** | **本人签名** |
| **□实发金额** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |

**经费项目负责人签字：**