附件3

**辽宁省工会女职工“两癌”关爱慰问金发放情况汇总表**

填报单位（公章）： 填报人： 填报日期： 年 月 日

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| **序号** | **姓名** | **身份证号** | **所在单位** | **手机号** | **疾病名称** | **慰问日期** | **慰问金额** |
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