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| 附件4  **海棠区2022年各村居及单位动员该辖管范围**  **妇女参加“两癌”筛查项目劳务补助发放表**  制表单位: | | | | | | | | |
| **序号** | **单位** | 村居或单位  可发放动员  补助人数(人) | **开户名** | 实际动员  人数 | **银行卡号** | 补助金额 (标准: 30  元/人) | **开户行** | **联系方式** |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
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