附件3

翔安区企业引工稳岗费用补助申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申请企业全称（盖章） | | | | | | | | | | | | | | | |
| 企业概况 | | | | | | | | | | | | | | | |
| 法定代表人 |  | | | 电话 |  | 经办人 | | |  | | | 电话 | | |  |
| 注册地址 |  | | | | | | | | 税收缴纳地 | | | |  | | |
| 开户行 |  | | | | | | | 账户 | | |  | | | | |
| 引工稳岗情况 | | | | | | | | | | | | | | | |
| 40座以上大巴车  包车（次） | |  | | | 包车费  合计（元） | |  | | | 申请补助  费用（元） | | | |  | |
| 自行集中解决实施居家自我（医学）观察（人） | |  | | | 总观察天数累计（天） | |  | | | 申请补助  费用（元） | | | |  | |
| **申请补助金额（元）** | | |  | | | | | | | | | | | | |
| 企业承诺：我司所提供材料真实有效。    法定代表人签名： | | | | | | | | | | | | | | | |
| 审核单位意见 | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |

备注：本表一式四份，企业、受理单位、审批单位、复核各一份。