**受试者补助金发放表-递交财务**

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| **方案编号及版本号**  项目编号/摘要 | | | **组别：** | | **出组/末次访视日期：** | | |
| **筛选号** | **受试者姓名** | **身份证号** | **银行卡号** | **开户行** | | **发放金额** | **备注** |
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| 总计人数： | |  | | 总计金额： | |  | |

填表人签字/日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 审核人/日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_