**上海建桥学院学生校外门、急诊结算凭证**

 **年 月 日 NO.**

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| **姓名** |  | **年级** |  | **专业** |  | **班级** |  | **学号** |  | **身份证号** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **疾病名称** |  | **辅导员（签名）** |  |
| **合计：** |
| **报销金额（大写）： 万 仟 佰 拾 元 角 分 （小写）**  |
| **报销人建行卡号：**

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**手机号码：**

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**审批人： 财务复审： 复核医生： 初审医生： 报销人：**