**上海建桥学院学生校外门、急诊结算凭证**

**年 月 日 NO.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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：**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **手机号码：**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**审批人： 财务复审： 复核医生： 初审医生： 报销人：**