IM 29IM 30附件

**上海电机学院横向科研项目劳务费发放相关信息表**

|  |  |
| --- | --- |
| 部门名称： |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 工作类别： | □专家咨询 | □学术报告、培训、讲座 | □专家评审 | □评估验收 | □其他 |

|  |  |
| --- | --- |
| 工作地点： |  |

|  |  |
| --- | --- |
| 工作日期： |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 工作方式： | □会议 | □现场 | □通讯方式 |

|  |  |  |  |
| --- | --- | --- | --- |
| 人员类别： | □院士、全国知名专家等 | □高级专业技术职称人员等 | □其他 |
| 是否亲属： | □是 □否，如果是请说明发放原因及必要性： | | |

**单位：元**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **工作单位** | **职务** | **职称** | **发放金额** | **发放计算依据** | **备注** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
|  |  | **合计** |  |  |  |  |  |

**制表人： 项目负责人承诺：本表中所填写信息真实有效。虚假信息套取经费，责任全部由本人负责。**

**项目负责人： 日期：**