江苏食品药品学院**疫情防控物资申请领用单**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 领用部门 | |  | | | 领用人 | | |  |
| 领用物资名称 | | | 数量 | | | 单位 | | 备注 |
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| 物资用途 | |  | | | | | | |
| 部门意见 |  | | | 后勤处意见 | | |  | |
| 分管领导意见 |  | | | 领用时间 | | |  | |
| 备注：“物资用途”请填写用途、办公室或人员数量及使用时间。 | | | | | | | | |

发放人： 审核人：

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