附件2

三亚市企业防疫工作补贴申报清单

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **物资名称、型号/核酸检测、消杀服务** | **供应商** | **单价** | **数量** | **总价** | **发票时间** | **付款时间** | 备注 （标注设备应用场所等信息，如XX厂区/门店XX门/XX区域等） |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **合计金额：** | | | |  | | | | |
| **企业名称（加盖公章）：** | | | |  | | | | |
| **申报时间：** | | | |  | | | | |