附件4

湖南省普通高校毕业生贫困地区基层单位

就业学费补偿县级审核汇总表

（ 年度 ）

县（市、区）： 单位:元

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| 序号 | 姓名 | | 毕业高校 | 毕业年月 | | | 学历 | 联系电话 | | 就业单位 | 第几年资助 | | 本年资助金额 | | 本人银行账号 | |
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|  | | 填报单位： | | | | | | | 填报人： | | | | | 联系电话： | | |
|  | | 经审核，本年度符合基层就业学费补偿的人数共 人、资助金额为 万元。 | | | | | | | | | | | | | | |
|  | |  | | | | | | |  | | | 县教育局审核意见并盖章： | | | | |
|  | |  | | |  |  | | |  | | | 年 月 日 | | | |  |