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| 2017年10月学生门诊费报销登记表  学院 | | | | | | | | | |
| 序号 | 班级 | 姓名 | 身份证号 | 发票数量 | 校内发票金额 | 校外发票金额 | 总金额 | 报销比例 | 实报金额 | 签名 |
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