附件4：

**邢台市城镇职工生育津贴申报汇总表**

单位（盖章）： 年度： 联系人： 电话：

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| 序号 | 姓名 | 票据张数 | 票据总金额 | 备注 |
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注：1、由单位经办人填写、加盖公章

2、此表一式二份，医保局、单位各一份