**疫情防控物资申领表**

**部门： 时间：**

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| 序号 | 领用物品 | 领用数量 | 备注 |
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科室负责人签字： 经办人：

分管公共卫生领导（签字）：

**附件2**

**疫情防控物资明细表**

**部门：**

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| 领用物品 | 领用数量 | 领用人签字 |
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