长春医学高等专科学校

公务接待清单

**接待部门：** **年** **月 日**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **来访单位** |  | | | | | | | | | | |
| **来访事由** |  | | | | | | | | | | |
| **主宾姓名、职务** |  | | | | | | | | | | |
| **来访人数** |  | | | | | | | | | | |
| **陪同人员** | 1 |  | |  | | | | | | | |
| 2 |  | |  | | | | | | | |
| 3 |  | |  | | | | | | | |
| 4 |  | |  | | | | | | | |
| **经费预算** |  | | | | | | | | | | |
| **实际支付** | **用 餐** | | | | | **住 宿** | | | | | **其他** |
| **时 间** | **地 点** | **金额** | | | **时 间** | **地 点** | | | **金额** | **金额** |
|  |  |  | | |  |  | | |  |  |
|  |  |  | | |  |  | | |  |  |
|  |  |  | | |  |  | | |  |  |
| **接待部门经手人** |  | | **接待部门负责人** | | | | |  | | | |
| **分管校领导** |  | | **办公室主任** | | | | |  | | | |
| **校 长** |  | | | | **备 注** | | | |  | | |

注：1.来访及陪同人员名单写不下的可另附表。

2.重要接待、重大活动另附接待方案。

3接待内容项目公务接待活动后填写，其他项目在公务接待活动前填写和审批。

4.此表填写完整后，同时持公函、发票、消费明细、POS小票到计财处报销。