**附表：**  申请办卡人员信息表（消费卡）

部门（公章）： 申请日期：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **证件类型** | | **证件号码** | **人员类别（填序号）** |
| **1** |  |  |  | |  |  |
| **2** |  |  |  | |  |  |
| **3** |  |  |  | |  |  |
| **4** |  |  |  | |  |  |
| **5** |  |  |  | |  |  |
| **6** |  |  |  | |  |  |
| **7** |  |  |  | |  |  |
| **8** |  |  |  | |  |  |
| **9** |  |  |  | |  |  |
| **10** |  |  |  | |  |  |
| **11** |  |  |  | |  |  |
| **12** |  |  |  | |  |  |
| **13** |  |  |  | |  |  |
| **14** |  |  |  | |  |  |
| **15** |  |  |  | |  |  |
| **人员类别：a教工亲属；b部门往来。** | | | | | | |
| **经办人：** | | | | **联系电话：** | | |

**备注：1、请将填写好的“消费卡”申请表以附件形式添加到OA申请单里；**

**2、若单人办理，无需填写该附表。**