附件2

上饶市打击欺诈骗取医疗保障基金行为
举报奖励审批表

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| 举报人姓名/单位名称 | 　 | 身份证号/统一社会信用代码 | 　 |
| 举报时间 | 　 | 联系电话 | 　 |
| 举报事项 | 　 | 举报案件查实金额 | 　 |
| 举报奖励金额 | 大写: 小写:¥  |
| 医疗保障局案件承办单位意见 | 　 |
| 财务部门意见 |  |
| 医疗保障局分管领导意见 | 　 |
| 医疗保障局主要领导意见 | 　 |
| 备 注 | 　 |

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年 月 日