**职业能力评价费用核算表**

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| 申请单位 |  | | | | | | 联系人 | |  | | | |
| 地址 |  | | | | | | 联系电话 | |  | | | |
| 申请审核证书 | | | | | | | 打印通过证书 | | | | | 证书核算 |
| 工种 | | 技师 | 高级技师 | 初级 | 中级 | 高级 | 技师 | 高级技师 | 初级 | 中级 | 高级 |
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| 总金额 | |  |  |  |  |  |  |  |  |  |  |  |
| 填报人:  审核人:  年 月 日 | | | | | | | 负责人:  年 月 日 | | | | | |