附件6：

**教师教育学院班级建设项目基金报销审批表**

**报销时间： 年 月 日**

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| 项目名称 |  | | | | | | |
| 负责人姓名 |  | | 联系电话 | |  | 发票张数 |  |
| 报销明细 | 报销项目 | | | 报销金额（由负责老师填写） | | 备注 | |
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| 总 计 | | |  | |  | |
| 项目结余金额 | |  | | | | | |
| 所属部门意见 | | 负责人：（公章）  年 月 日 | | | | | |