附件3：

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| **上海建桥学院教职工医药费自负段金额明细表** | | | | |
| 部门工会： |  | 教工姓名： |  |  |
|  |  |  |  |  |
| 日期 | 医院名称 | 金额 | 其中：现金自付金额 | 备注 |
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| 小计 |  |  |  |  |
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|  |  |  | 校工会 | |
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