附件3

威海市“海马·自由呼吸”项目服务费用明细表

填报单位： 填报时间： 年 月 日

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| 序号 | 姓名 | 性别 | 家庭住址 | 身份证号 | 联系  电话 | 保障类别 | 服务天数 | 费用总额 |
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填报人：