池州职业技术学院人员外出审批表

部门： 日期：

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| 序号 | 姓名 | 联系方式 | 目的地（精确至区县级） | 外出事由 | 出行时间(出发时间-返回时间) |
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 部门主要负责人签字： 院主要领导签字：