**四川大学华西公共卫生学院（华西第四医院）**

**20 年 月党费收缴记录表**

支部名称：

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| --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **交纳党费金额** | **签名** |  | **姓名** | **交纳党费金额** | **签名** |
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合计金额： 收款人（签名）：