**南京信息工程大学爱心医疗互助基金申请表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **申请人**  **姓名** |  | **性别** |  | **年龄** |  | | **单位** |  |
| **工资**  **卡号** |  | **联系人**  **电话** |  | | | | **交表**  **时间** |  |
| **病因** |  | **在职/**  **离退休** |  | **本次申请补助情况** | **消费票据总额** | | |  |
| **报销审核金额** | | |  |
| **曾经获**  **基金补**  **助情况** | **时间** | **金额** | | **自费总额** | | |  |
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|  |  | | **补助可控金额** | | |  |
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|  |  | | **可补助金额** | | |  |
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| **提供的**  **材料及**  **份数**  **（ ）份** | **1.**  **2.**  **3.** | | | | | | | |
| **材料**  **情况**  **说明** |  | | | | | | | |
| **收件人**  **签字** |  | | | **申请人**  **(或亲属)签字** | |  | | |
| **综合门诊部审核意见** | **门诊盖章**  **所长签字:** | | | | | | | |
| **审核小组意见** | **审核小组成员签字:** | | | | | | | |