附件1

台州市科技创新券兑付申请表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 创新载体名称 | |  | | | | | | |
| 依托单位名称 | |  | | | | | | |
| 联系人 |  | 联系电话 |  | | 邮箱 |  | | |
| 序号 | 服务名称 | 企业名称 | 企业统一社会信用代码 | 创新券使用时间 | 合同或协议金额（元） | | | |
| 总金额 | | 企业已付  金额 | 创新券抵用金额 |
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| 银行账户信息 | | 账户名： | | | | | | |
| 开户行： | | | | | | |
| 账　号： | | | | | | |

注：如载体为专家个人，无需填写依托单位名称。