附件4：

用人单位安置就业特别困难残疾人汇总表

 区县残联（盖章）：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 序 号 | 单位名称 | 统一社会信用代码 | 安置困难残疾人数 | 补贴金额（元） | 合计（元） | 备注 |
| 单位补贴 | 残疾人补贴 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

 区县财政（盖章） 市残联（盖章）