附件2

西安市残疾人创业行动项目汇总表

区县残联（盖章）： 分管领导签字： 审核人签字： 年

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| 序号 | 姓名 | 性别 | 户籍  （区县） | 残疾证号 | 创业时间 | 创业项目 | 创业地址 | 统一社会信用代码或行业  许可编号 | 联系方式 | 补贴资金（元） |
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| 〔末页合计〕 补贴资金合计（ ）万元，其中市级资金（ ）万元，区县资金（ ）万元 | | | | | | | | | |  |