附件

体检报销汇总表

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **律师事务所** | **体检**  **人数** | **报销**  **费用** | **收款信息（名称、开户行、账号）** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |