附件4

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 南沙区残疾人生活补助金发放汇总表 | | | | | | | | | | |
| 填报单位（公章）： | | | 年度第 季 | | |  | 制表人： | 时间： | | |
| **序号** | **村（社区）** | **姓名** | **残疾证号** | **残疾类别** | **残疾等级** | **家庭经济情况** | **申请月份** | **总额** | **公示时间** | **备注** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 经办人： 审核人： | | | | | | | | | | |