**职教师资实训中心耗材采购申请表**

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| **申请部门（人）** |  | | **办公电话** |  | | **手机** | |  | |
| **任课老师** |  | | | | **联系方式** | | |  | |
| **课程名称** | | |  | |
| **专业班级** |  | | | | **实验实训室** | | |  | |
| **人数** | | |  | |
| 耗材  名称 | | 规格  要求 | | | 单位 | | 平均  每人数量 | | 总数量 |
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| **学院意见：**  **负责人： 公章：**  **年 月 日** | | | | | | | | | |

备注：1.请将此表交至文科综合实验中心2301办公室

2.联系人：汪安 电话：83847565 手机内码：664431