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|  |  | **实验测试费、数据收集费表** | | |  |  |
|  |  |  |  |  |  |  |
| 单位名称：中山大学心理学系 | | |  | 项目代码： | |  |
|  |  |  |  |  |  |  |
| 实验名称： | |  |  | 实验者： |  |  |
|  |  |  |  |  |  |  |
| 编号 | 姓名 | 证件号码 | 联系方式 | 实领金额（元） | 领款 | 签名 |
| （学号/身份证号） | 时间 |
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| **合计** |  |  |  |  |  |  |
| 制表人 经办人 负责人 填表时间 | | | | | | |