**附件一**

**学生医疗发票收集清单**

学院： 班级：

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| **姓名** | **学号** | **发票类型** | **发票张数** | **发票总金额** | **联系电话** |
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**备注：发票类型分为：1普通医疗费发票、2意外伤害医疗费发票、3特困学生医疗费发票**