附件

**海门区2022年度产学研合作补助申请表**

金额：万元 **2023.10 （申报单位盖章）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **企业名称** | **项目名称** | **合作单位** | **单位**  **所在地** | **专家姓名** | **核心**  **技术领域** | **合同签订时间** | **合同**  **金额** | **2022年已付款**  **金额（已开票）** | **拟补助**  **金额（按实际付款额30%）** | **经办人**  **姓名** | **联系电话** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |