附件

课 程 培 训 需 求 回 执 表

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| 培训班类型 | | 军品通用质量特性 | 培训地点 | | | | 线上 | | 培训时间 | | | | 5月30-31日 |
| 单位名称 | |  | | | | | | | | | | | |
| 单位地址（邮寄地址） | |  | | | | | | | | | 邮编 |  | |
| 联系人姓名 | |  | | | | 传真 | |  | | | | | |
| 手机/电话 | |  | | | | 邮箱 | |  | | | | | |
| 培训人员情况 | | | | | | | | | | | | | |
| 序号 | 姓名 | 所在部门/职务 | | | 手机 | | | | 是否有军标内审员基础 | | | | |
| 1 |  |  | | |  | | | |  | | | | |
| 2 |  |  | | |  | | | |  | | | | |
| 3 |  |  | | |  | | | |  | | | | |
| 开票信息：增值税普通发票 是□否□ 增值税专用发票 是□否□ | | | | | | | | | | | | | |
| 单位名称 | |  | | | | | | | | | | | |
| 纳税人识别号 | |  | | | | | | | | | | | |
| 地址、电话 | |  | | | | | | | | | | | |
| 开户行及账号 | |  | | | | | | | | | | | |
| 付费方式 | | 对公转账口 | | 金额（元） | | | | | |  | | | |
| **说明：**1、此表请发邮件gcy199@163.com谷老师。2、电话、传真请注明区号；请准确填写各栏内容。3、如参加人员有变化，请及时通知谷老师。4、如需开具增值税专用发票，需填写完整开票信息。5、此表复印有效。 | | | | | | | | | | | | | |