**附** **件** **4** **:** **伊金霍洛旗2024年耕地地力保护补贴项目覆膜种植面积补贴资金发放验收表**

镇 村社 单位：亩、元

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| 序号 | **户主** | **身份证号** | **一卡通(一折通)号** | 覆膜补贴面积 | 验收 结论 | 补贴 标准 | 补贴 金额 | 联系电话 | 签字 |
| 玉米 | 向日葵 | 马铃薯 | 其他 | 合计 |
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| **合计** |  |  |  |  |  |  |  |  |  |  |  |  |  |

填表说明：验收面积大于摸底面积，填写摸底面积，验收面积小于摸底面积，填写验收面积。验收结论填合格或不合格。

村委会(签字盖章): 镇政府(签字盖章): 验收组成员(签字):