**山西医科大学第二医院用印申请表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **申请**  **部门** |  | **申请人** |  | | **申请**  **时间** | |  | **件数** |  |
| **用印内容（简要说明必要时可添加附件）** |  | | | | | | | | |
| **处（室）科负责人意见** |  | | | **支部书记**  **意见** | |  | | | |
| **主管部门意见** |  | | | | | | | | |
| **主管院领导意见** |  | | | | | | | | |
| **分管院领导意见** |  | | | | | | | | |
| **院长**  **意见** |  | | | | | | | | |
| **书记**  **意见** |  | | | | | | | | |
| **备注** |  | | | | | | | | |

**党院办公室制**