附件5：

高新技术企业认定专家库财务专家汇总推荐表

推荐单位（盖章） 填表日期： 年 月 日

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| **序号** | **姓名** | **性别** | **出生日期** | **工作单位** | **职务** | **职称** | **专业资格获得情况** | **从事财税工作时间** | **办公电话** | **手机** |
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