附件：

“金融机构内部控制与审计培训班”报名回执表

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| 培训班联系人 | | 冷晓老师 | | | 电话 | |  | | | |
| 请将本回执表传真至：010-83881951 或发至电子邮箱：hgjrj\_cbimc@163.com | | | | | | | | | | |
| 单位全称 |  | | | | | | | 传真 | |  |
| 经办人 |  | | | | | | | 手机 | |  |
| 联系电话 |  | | | | | | | 电子邮箱 | |  |
| 单位地址 |  | | | | | | | | | |
| 参会姓名 | 性别 | 职位 | | 部门 | | 电话 | | 手机 | | 参加地点 |
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| **开票信息**  **注:请务必填写** | | ☐增值税普通发票  ☐增值税专用发票 | | | | | | | | |
| **填写要求：**  1.需要开具增值税专用发票的学员，请按以下表格要求填写发票信息表  2.需要开具增值税普通发票的学员，只需填写付款人名称，名称（抬头）以及税号 | | | | | | | | | | |
| 付款人名称 | |  | | | | | | | | |
| 名称（抬头） | |  | | | | | | | | |
| 税号 | |  | | | | | | | | |
| 数量 | |  | 单价 | | |  | | 发票金额 |  | |
| 单位地址 | |  | | | | | | | | |
| 电话号码 | |  | | | | | | | | |
| 开户银行 | |  | | | | | | | | |
| 银行账户 | |  | | | | | | | | |

此表复印有效