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| **附件5**  **资产处置工作人员签到表** | | | | | | | |
| **资产所在单位：** | | | **资产处置单据号：** | | | **处置鉴定时间：** | |
| **人员类型** | **姓名** | **单位** | | **职务/职称** | **手机号码** | | **签字** |
| **鉴定小组**  **成员** |  |  | |  |  | |  |
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| **其他参与**  **人员** |  |  | |  |  | |  |
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注：本表行数可根据实际情况增加或删减。