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| 克州法律援助中心案件补贴发放表 | | | | | | | | | | | | |
|
|  | | | | | | | **年 月 日** | |  | | | |
| **序号** | **承办单位** | **承办人** | **案号与案由** | **受援人** | **开庭时间** | **开庭地点** | | **案件来源** | | **补助数额（元）** | **备注** | **签名** | |
| 1 |  |  |  |  |  |  | |  | |  |  |  | |
| 2 |  |  |  |  |  |  | |  | |  |  |  | |
| 3 |  |  |  |  |  |  | |  | |  |  |  | |
| 4 |  |  |  |  |  |  | |  | |  |  |  | |
| 5 |  |  |  |  |  |  | |  | |  |  |  | |

负责人（签字）

日期： 年 月 日