附件1：

**山西医科大学教职工车辆信息登记表**

**填表单位：**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 教职工工号临聘人员身份证号 | 科室 | 联系电话 | 车牌号 |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| …… |  |  |  |  |  |

**单位、院系：（盖章）**

**年 月 日**