**附件2**

**贵州省社会保险基金监督举报奖励审批表**

**年  月  日**

|  |  |  |  |
| --- | --- | --- | --- |
| **举报人姓名** |  | **联系电话** |  |
| **举报事项** |  | | |
| **举报案件查实金额** |  | | |
| **举报奖励金额** |  | | |
| **承办部门意见** |  | | |
| **基金监督机构意见** |  | | |
| **财务部门意见** |  | | |
| **单位领导意见** |  | | |
| **备注** |  | | |