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| 附件3  青铜峡市2024年奶牛性控冻精（胚胎）补贴项目考核验收表 |

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| 项目实施主体 | | |  | | | | | | | | | | | | |
| 奶牛存栏（头） | | |  | | | | | 生鲜乳日产量（吨） | | | |  | | | |
| 企业负责人 | | |  | | | | | 联系电话 | | |  | | | | |
| 项目验收申请 | | |  | | 营业执照 | | |  | | | 开户许可证 | | | |  |
| 动物防疫合格证 | | |  | | 相关制度 | | | □繁育管理 □人员岗位职责 | | | | | | | |
| 供货单位资质 | | | □营业执照 □销售授权书 □其他相关资料 | | | | | | | | | | | | |
| 性控冻精系谱 | | |  | | 采购合同 | | |  | 采购单价（元） | | | | |  | |
| 供货单位名称 | | |  | | | | | | | | | | | | |
| 采购性  控冻精（胚胎） | **编号** | |  | |  | | |  | |  | | |  | | |
| **数量** | |  | |  | | |  | |  | | |  | | |
| 使用数量（支） | | |  | | | | | | | | | | | | |
| 发票及付款凭证 | | |  | | 出入库单 | | |  | | 配种记录 | | | | |  |
| 是否符合技术要求必备参数 | | | | | | □是 □否 | | | | | | | | | |
| 验收结论 | | | | | | □补贴 □不予补贴 | | | | | | | | | |
| 拟补贴数量 | | | 支 | | | | 拟补贴金额 | | | 元 | | | | | |
| **验收组成员** | | **工作单位** | | **职务/职称** | | | | **本人签字** | | 验收单位意见  （盖章）  时间： 年 月 日 | | | | | |
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