附件二：

CCEC考官报名费汇款信息单

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| --- | --- | --- | --- |
| **学校名称：** |  | | |
| **报名人数：** |  | **汇款金额：** |  |
| **是否需要发票：** |  | **发票抬头：** |  |
| **发票税号：** |  | | |
| **备注信息：** |  | | |