附件1

本部门省级“免申即享”惠企政策目录清单

填报单位：（盖章） 填报时间：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **项目名称** | **类别** | **政策依据** | **补助条件及标准** | **责任单位** | **咨询电话** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |