**天津医科大学公文签发单**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **发文字号** |  | | | **发文日期** | |  | |
| **领导签发** |  | | | | | | |
| **主办**  **单位**  **填写** | **公文标题** |  | | | | | |
| **公文类别** |  | | **发文份数** | |  | |
| **主办单位** |  | | | | | |
| **协办单位** |  | | | | | |
| **起草人** |  | | **负责人** | |  | |
| **主送/抄送/发送** |  | | | | | |
| **涉密** | **是□ 否□** | | | **公**  **开**  **形**  **式** | | **主动公开□**  **不公开□**  **依申请公开□** |
| **定密依据** |  | | |
| **保密办审核** |  | | |
| **协办单位**  **负责人会签** |  | | **党委办公室/**  **校长办公室审核** | | | |  |
| **党委办公室/校长办公室校对** |  | | **主办单位**  **校对** | | | |  |
| **为基层减负审查** |  | | | | | | |
| **备注** |  | | | | | | |