附件3

施工现场人员社会保险费、住房公积金

企业缴纳额月汇总表

单位： 元/月

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | 月工资 | 养老  保险 | 失业保险 | 医疗保险 | 工伤保险 | 生育保险 | 五险  小计 | 住房  公积金 |
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| **合 计** |  | | | | | |  |  |
| 施工单位负责人： （签字）  （施工单位盖章）  年 月 日 | | | | | | | | |