附件 3

# 2024年度首批次新材料保险补偿项目

# 资格审定推荐汇总表

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **推荐单位** | **申报单位名称** | **申报产品名称** | **对应《目录》名称** | **对应《目录》序号** | **对应《目录》子序号** | **建议额度** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| ... |  |  |  |  |  |  |  |