附件4

报送案例汇总表

中小企业主管部门名称**（盖章）**：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 联系人及电话：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **案例名称** | **案例简述****（150字以内）** | **联系人** | **电话** | **邮箱** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |