附件3

**母婴关爱室应急物资申请表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **分工会**  **名称** |  | | | | |
| **负责人姓名及电话（手机）** |  | | | | |
| **通讯地址** |  | | | | |
| **申请物资名称（按需选择）** | **宣传品** | **防溢乳垫** | **湿巾** | **清洁棉** | **一次性储乳袋** |
|  |  |  |  |  |