附件2

通江县消费帮扶产品销售统计表

申报企业名称： 联系人： 联系电话： 填报时间：

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| **交易日期** | **生产企业** | **经认定产品名称** | **销售金额** | **采购、销售企业名称** | **是否销往浙江地区** |
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