附件3

**天峨县社会保险费缴费争议处置中心受理台账**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **受理日期** | **受理人** | **岗位传递单编号** | **受理事项** | **转办部门名称** | **传递日期** | **处理结果** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |