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| **牛肉项目感官实验签到表** | | | | | | |
| 姓名 | 日期：  参与签字 | 日期：  参与签字 | 日期：  参与签字 | 日期：  参与签字 | 日期：  参与签字 | 收款  确认签字 |
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