附件1：

**部门整体支出绩效运行跟踪监控管理表**

（ 2018 年度）

填报单位：（盖章） 东安县妇幼保健计划生育服务中心 金额单位：万元

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 | | | | 东安县妇幼保健计划生育服务中心 | | | | | | | | | 单位负责人 | | | | | 谢俊钟 | | | | |
| 人员编制数 | | | | 77 | | | | | | | | | 实有人数 | | | | | 102 | | | | |
| 跟踪期限 | | | |  | | | | | | | | | | | | | | | | | | |
| **单位年度收入** | | | | | | | | | | | | | | | | | | | | | | |
| 年初部门预算 | | | | | | | | | | | | 年初结余 | | | 年中预算调整数 | | | | | | 预算调整率 | |
| 收入合计 | | 预算内拨款 | | | | | | 非税收入 | | 其他拨款 | |
| 1853.0718 | | 704.3718 | | | | | | 950 | | 198.7 | |  | | |  | | | | | |  | |
| **年中预算调整** | | | | | | | | | | | | | | | | | | | | | | |
| （列明年中预算调整内容及金额） | | | | | | | | | | | | | | | | | | | | | | |
| **单位年度支出** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 支出合计 | | | | | 基本支出 | | | | | | 项目支出 | | | | | |
| 年初部门预算 | | | | | | 1853.0718 | | | | | 733.1 | | | | | | 1120 | | | | | |
| 实际发生支出 | | | | | | 1853.0718 | | | | | 733.1 | | | | | | 1120 | | | | | |
| 结余 | | | | | |  | | | | |  | | | | | |  | | | | | |
| **其中：三公经费** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 公务接待费 | | | | 公务用车运行和购置费 | | | | | 因公出国（境）费 | | | | | | 三公经费合计 | | |
| 年初预算安排数 | | | | | 9 | | | | 0 | | | | | 0 | | | | | | 9 | | |
| 实际发生支出 | | | | | 9 | | | |  | | | | |  | | | | | | 9 | | |
| 结余 | | | | |  | | | |  | | | | |  | | | | | |  | | |
| 绩效目标完成情况 | 目标1：  目标2：  目标3：  …… | | | | | | | | | | | | | | | | | | | | | |
| 其中 | | 一级指标 | | | | 二级指标 | | | 指标内容 | | | | | | 指标值 | | | 完成情况 | | | 完成率 |
| 目标1 | | 产出指标 | | | |  | | |  | | | | | |  | | |  | | |  |
|  | | |  | | | | | |  | | |  | | |  |
|  | | |  | | | | | |  | | |  | | |  |
| 效益指标 | | | |  | | |  | | | | | |  | | |  | | |  |
|  | | |  | | | | | |  | | |  | | |  |
|  | | |  | | | | | |  | | |  | | |  |
| 绩效目标完成情况 | 目标2 | | 产出指标 | | | |  | | |  | | | | | |  | | |  | | |  |
|  | | |  | | | | | |  | | |  | | |  |
|  | | |  | | | | | |  | | |  | | |  |
| 效益指标 | | | |  | | |  | | | | | |  | | |  | | |  |
|  | | |  | | | | | |  | | |  | | |  |
|  | | |  | | | | | |  | | |  | | |  |
| 目标3 | | 产出指标 | | | |  | | |  | | | | | |  | | |  | | |  |
|  | | |  | | | | | |  | | |  | | |  |
|  | | |  | | | | | |  | | |  | | |  |
| 效益指标 | | | |  | | |  | | | | | |  | | |  | | |  |
|  | | |  | | | | | |  | | |  | | |  |
|  | | |  | | | | | |  | | |  | | |  |
| …… | |  | | | |  | | |  | | | | | |  | | |  | | |  |
| 存在问题及绩效目标出现偏差的原因 | | | |  | | | | | | | | | | | | | | | | | | |
| 整改措施及下一步建议 | | | |  | | | | | | | | | | | | | | | | | | |
| 县财政局归口业务股室审核意见 | | | | （公章）  年 月 日 | | | | | | | | | | | | | | | | | | |
| 县财政局预算绩效管理股意见 | | | | （公章）  年 月 日 | | | | | | | | | | | | | | | | | | |

单位负责人（签章）： 填报人（签章）：

联系电话： 13974683151 填报日期： 2018 年 8 月 5 日