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| **В отдел социальной реабилитации****ГБУ ПНИ № 20****ЗАЯВКА** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ФИО Прошу закупить следующие продукты питания на \_\_\_\_\_\_\_\_\_\_\_\_месяц (отделение, этаж, комната)

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| **№ п/п** | **Наименование товара** | **Кол-во изделий** | **Цена товара** | **Итого** |
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| **ИТОГО:** |  |

 | **В отдел социальной реабилитации****ГБУ ПНИ № 20****ЗАЯВКА****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ФИО Прошу закупить следующие продукты питания на \_\_\_\_\_\_\_\_\_\_\_\_месяц (отделение, этаж, комната)

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| **№ п/п** | **Наименование товара** | **Кол-во изделий**  | **Цена товара** | **Итого** |
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| **ИТОГО:** |  |

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Лечащий врач \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Лечащий врач \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Старшая медсестра отделения \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Старшая медсестра отделения \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Социальный работник \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Социальный работник \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Категория товаров и товарная группа указана на обороте \*Категория товаров и товарная группа указана на обороте