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| **В отдел социальной реабилитации**  **ГБУ ПНИ № 20**  **ЗАЯВКА**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ФИО  Прошу закупить следующие продукты питания  на \_\_\_\_\_\_\_\_\_\_\_\_месяц (отделение, этаж, комната)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **№ п/п** | **Наименование товара** | | **Кол-во изделий** | **Цена товара** | **Итого** | | 1 |  | |  |  |  | | 2 |  | |  |  |  | | 3 |  | |  |  |  | | 4 |  | |  |  |  | | 5 |  | |  |  |  | | 6 |  | |  |  |  | | 7 |  | |  |  |  | | 8 |  | |  |  |  | | 9 |  | |  |  |  | | 10 |  | |  |  |  | | 11 |  | |  |  |  | | 12 |  | |  |  |  | | 13 |  | |  |  |  | | 14 |  | |  |  |  | | 15 |  | |  |  |  | | 16 |  | |  |  |  | | **ИТОГО:** | |  | | | | | **В отдел социальной реабилитации**  **ГБУ ПНИ № 20**  **ЗАЯВКА**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ФИО  Прошу закупить следующие продукты питания  на \_\_\_\_\_\_\_\_\_\_\_\_месяц (отделение, этаж, комната)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **№ п/п** | **Наименование товара** | | **Кол-во изделий** | **Цена товара** | **Итого** | |  |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | | **ИТОГО:** | |  | | | | |

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