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|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | nazwa odbiorcy | | | | | | | | | | | | | | | | GPS W JABŁONCE | | | | | | | | | | | | | | | | nazwa i adres odbiorcy cd | | | | | | | | | | | | | | | | UL. PIUSA JABŁOŃSKIEGO 9 | | | | | | | | | | | | | | | | L K | L K | | | | | L K | | | | | | | | | | 15879800020000002043520001 | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | kwota | | | |  | |  | W | P |  | | P | L | | N |  |  | | | | numer rachunku bankowego zleceniodawcy - polecenie przelewu | | | | | | | | | | | | | | | | Kwota słownie | | | | | | | | | | | | | | | | nazwa i adres zleceniodawcy | | | | | | | | | | | | | | | | Imię i nazwisko rodzica | | | | | | | | | | | | | | | | nazwa i adres zleceniodawcy cd. | | | | | | | | | | | | | | | | Adres zamieszkania | | | | | | | | | | | | | | | | Tytułem | | | | | | | | | | | | | | | | Imię i nazwisko dziecka | | | | | | | | | | | | | | | | tytułem cd. | | | | | | | | | | | | | | | | wyżywienie IX | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | 14. data, pieczęć, podpis (y) zleceniodawcy | | | | | | | | |  | | | |  |  | | opłata | | | | | podpis | | | | |  |

Przypominamy, iż opłaty należy dokonać do 10. dnia każdego miesiąca. Jednocześnie prosimy o wpłacanie dokładnie takich kwot jakie Państwo otrzymują. Każda wpłata jest weryfikowana przez księgowość CUW-u.