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| **Zbiorcze zestawienie zrealizowanych transportów – umowa nr \_\_\_\_ z dnia \_\_\_\_\_** | | | | | | | | | |  | | | | | | |  | | |  | | | |  | | | |  | | |  | |  | | |  | |  |  | | |  |
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| **LP.** | **Data przyjęcia zlecenia** | **Godzina przyjęcia zlecenia przez wykonawcę** | **Imię i nazwisko pacjenta** | **Lekarz zlecający transport** | **Kierunek przewozu** | | **Data odbioru pacjenta** | **Godzina odbioru pacjenta przez wykonawcę** | **Data przekazania pacjenta** | | | **Godzina przekazania pacjenta** | | **Ilość godz.** | **Ilość km** | **Ogółem koszt transportu** | | | **Typ P/T** | | | | Numer rejestracyjny pojazdu | |  |  | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
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Sporządzono dn.…………

Wykonawca ……………. Zatwierdzam: Zamawiający:…………