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|  |  |  |  |  |  | (фамилия, имя, отчество) | | | |
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| Заявление | | | | | | | | | |
| Прошу оплатить медицинский осмотр при приеме на работу | | | | | |  |  |  |  |
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| На следующие банковские реквизиты \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (наименование банка) | | | | | | | | | |
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|  |  |  |  |  |  |  | (подпись подотчетного лица) | | |
| Согласовано: | |  |  |  |  |  |  |  |  |
| Главный бухгалтер | | |  | |  |  |  |  |  |
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| Виза ПЭО | |  |  |  |  |  |  |  |  |
| № п/п | КВР | | Источник финансирования | | | Сумма | |  |  |
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| Подпись ответственного лица | | |  |  |  | | |  |  |
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