Lista wpłat uczestników

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| Pieczęćjednostkiorganizacyjnej |  |

| **L.p.** | **Nazwisko i imię** | **Wpłata za obóz** | **Wpłata zakładu pracy** | **Inne wpłaty** | **Razem wpłaty** | **Nr dowodu** |
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|  | RAZEM |  |  |  |  |  |

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| miejscowość, data | podpis komendanta |