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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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