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| Nazwa i adres jednostki | | |  |  | |  | | |  | | |  | | |  | | | |  | | | | |
| organizacyjnej WCKiK | | |  |  | |  | | |  | | |  | | |  | | | |  | | | | |
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| **Zestawienie zbiorcze usług wynajmu samochodu wraz z kierowcą do przewozu krwi i jej składników do miejsca wskazanego przez Odbiorcę na terenie m. st. Warszawy za miesiąc ………......................... 2025 r.** | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |
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| **Lp.** | **Data** | **Godzina zgłoszenia telefonicznego** | **Godzina zakończenia realizacji transportu** | **Tryb powiadomienia (\*)** | | | | **Potwierdzenie, że usługa została wykonana zgodnie z umową (TAK/NIE)** | | **Potwierdzenie wykonania usługi** | | | | | | |  | | | |  | | | | |
| **podpis odbiorcy** | | | **podpis kierowcy** | | | |  | | | |  | | | | |
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| \* P - Podstawowy (realizowany w czasie do 3 godzin od zgłoszenia telefonicznego) | | | | | | | | | | |  | | |  | | | |  | | | | |  | | | | |
| **N - Natychmiastowy (w przypadkach ratujących życie – niezwłocznie w czasie nie przekraczającym 45 minut od zgłoszenia telefonicznego)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Wykonawca | | | | |  | | Kierownik Zespołu Medycznego WCKiK | | | | | | | | |  | | | |  | | | | |
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| Sporządzono w 2 egz. | |  |  |  | | | |  | |  | | |  | | | |  | | | |  | | | | |
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| Egz. Nr 2 - Wykonawca | |  |  |  | | | |  | |  | | |  | | | |  | | | |  | | | | |