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|  | ***Załącznik nr 8*** | ***Numer Umowy*** |
| ***WZÓR RAPORTU INKASENTA*** | |

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| **Wzór raportu inkasenta** | | | | | | | |
| L.p. | SKRÓCONA NAZWA FIRMY | NR I ADRES PUNKTU ZLECENIODAWCY | NR KOPERTY BEZPIECZNEJ/KASETY/ WORKA/POJEMNIKA | ILOŚĆ  PAKIETÓW | DEKLAROWANA WARTOŚĆ | GODZINA ODBIORU | PIECZĘĆ PUNKTU I PODPIS |
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