**Zestawienie usług weterynaryjnych płatnych z funduszu epizootycznego za mc……………………20…..…r**

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| LP | Nazwa jednostki chorobowej | Strefa  ASF | Pozycja z cennika | Gatunek | Usługi | | |  | Leki | | | | Dojazdy | | | Usługa ogółem |
| Nr obserwacji | Ilość sztuk | Stawka | Razem | **Dni ustawowo wolne od pracy i soboty + 20%** | Nazwa leku | Ilość | Cena | Wartość | Ilość km. | Stawka | Razem |
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|  | RAZEM |  | x | x |  | x |  |  | x | x | x |  |  | x |  |  |

Podpis wykonującego usługę