# Ведомость

# сдачи членских взносов в ассоциацию «Сестры милосердия»

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**(наименование ЛПУ)**

**за \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_г.**

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| № | Ф.И.О. | должность | вступительные | сумма | Подпись |
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**ИТОГО: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(руб.)**

(сумма цифрой и прописью)

## СДАЛА\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ПРИНЯЛА\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(подпись главной медсестры)