# Załącznik nr 9 Arkusz spisu z natury

Strona ………………….

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|  | **ARKUSZ SPISU Z NATURY** | | | | | | | | | | | | | | | | | | |
|  | DRUK ŚCISŁEGO ZARACHOWANIA NR ........... | | | | | | | | | | | | | | | | | | |
|  | **(uniwersalny)** | | | | | | | | | | | | | | | | | | |
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|  | Rodzaj i forma remanentu | | | | |  | | | | | | | | | | | | | |
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|  | Metoda przeprowadzenia | | | | |  | | | | | | | | | | | | | |
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|  | (nazwa i adres jednostki inwentaryzacyjnej) | | | | | | | | |  | (imię i nazwisko osoby odpowiedzialnej oraz stanowisko służbowe) | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Skład komisji (zespołu spisowego):** | | | | | | |  |  |  | **Inne osoby obecne przy remanencie:** | | | | | | |  |  |
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|  | 1. |  | | | | | | | |  | 1. |  | | | | | | | |
|  |  | (imię, nazwisko i stanowisko służbowe) | | | | | | | |  |  | (imię, nazwisko i stanowisko służbowe) | | | | | | | |
|  | 2. |  | | | | | | | |  | 2. |  | | | | | | | |
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|  | 3. |  | | | | | | | |  | 3. |  | | | | | | | |
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|  | Spis rozpoczęto dnia | | | |  | | o godz. | |  | | |  |  |  |  |  |  |  |  |
|  | Spis zakończono dnia | | | |  | | o godz. | |  | | |  |  |  |  |  |  |  |  |
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|  | Poz. | SYMBOL INDEKS KOD | | NAZWA TOWARU (materiału, przedmiotu) spisanego | | | | | | J.m. | ILOŚĆ stwierdzona | | CENA ............... | | WARTOŚĆ ............... | | UWAGI | | |
|  | 1 | 2 | | 3 | | | | | | 4 | 5 | | 6 | | 7 | | 8 | | |
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| Razem strona | | | |  | | od poz. | | |  | | do poz. | | | |  | |  | |  | |  | |  | |  | |  | |  |  | |
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| Razem arkusz Nr | | | |  | | od poz. | | |  | | do poz. | | | |  | |  | |  | |  | |  | |  | |  | |  |  | |
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| Podpisy osób materialnie odpowiedzialnych: | | | | | | | | | | | | |  | |  | | Podpisy komisji (zespołu): | | | | | | | | | |  | |  |  | |
|  |  |  |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
|  | | | | | | | | | | | | | | |  | | 1. Przewodniczący | | | | | |  | | | | | | | |
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|  | | | | | | | | | | | | | | |  | | 2. Członek | | | |  | | | | | | | | | |
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| (imię, nazwisko, podpis) | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |