Приложение к заявлению

о возмещении произведенных расходов на предупредительные меры по

сокращению производственного травматизма и профессиональных

заболеваний работников и санаторно-курортное лечение работников,

занятых на работах с вредными и (или) опасными производственными факторами

(для организаций бюджетной сферы)

**Обязательные** реквизиты для возмещения затрат страхователя:

Наименование страхователя:

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Регистрационный номер страхователя:

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Лицевой счет страхователя:

Финансовый орган, в котором открыт лицевой счет страхователя:

(управление федерального казначейства, департамент финансов и д.р.(прописать полностью))

Банк получателя:

(наименование банка, в котором открыт единый банковский счет)

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Единый банковский счет:

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Единый казначейский счет:

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|  | Руководитель | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| М.П. | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |
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