Załącznik

do wniosku o świadczenie pieniężne za zapewnienie zakwaterowania i wyżywienia obywatelom Ukrainy

przybywającym na terytorium Rzeczypospolitej Polskiej, w związku z działaniami wojennymi prowadzonymi na terytorium Ukrainy

**Karta osoby przyjętej do zakwaterowania**

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| Imię i nazwisko\* | PESEL \* |
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**W poniższych polach zakreśl znakiem X dni, w których zapewniono zakwaterowanie i wyżywienie danej osobie\***

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| *Brak możliwości wnioskowania o świadczenie za ten okres* | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |

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Kwiecień

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Czerwiec

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Sierpień

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Wrzesień

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Październik

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| Liczba dni łącznie\* | Wypełnia Urząd – Liczba dni łącznie x dzienna wysokość świadczenia w zł |
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\* Pola oznaczone symbolem gwiazdki są wymagane

data i podpis osoby składającej wniosek

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