**WZÓR NR 12**

**ROZLICZENIE WIZYT W STADACH PUSTYCH – CHOROBA AUJESZKYEGO**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Lp.** | **Data** | **Miejscowość** | **Nazwisko Imię, nr siedziby stada**  | **Ilość km** | **Czas**  | **Podpis właściciela stada**  | **Rozliczenie** |
| (km x 0,8358) | (1h=41zł) |
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| **RAZEM**  |  |  |