**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** | | | | | | |  |  |