**Załącznik Nr 2 do Umowy**

Imienny wykaz osób uprawnionych, którym wydawane były posiłki w miesiącu ………………………………….

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| Lp. | Nazwisko i imię osoby uprawnionej | Ilość wydanych posiłków, w tym | Ilość posiłków łącznie | Wartość posiłków, w tym | Koszt posiłków łącznie | Uwagi |
| Ilość ZUP | Ilość II DAŃ | Wartość ZUP | Wartość II DAŃ |
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