**Organisation**

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| Sektor/Förvaltning/Enhet  **\_** | | | | | | | | | | |
| Ansvar  \_ | | Projekt  \_ | | Verksamhet  \_ | | Aktivitet  \_ | | | Objekt/Fri del  \_ | |
| **Avser** | | | | | | | | | | |
| År  \_ | | | | | Månad  \_ | | | | | |
| Personnummer | | | Namn | | | | | Antal  måltider/häften | | Á-pris |
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| **Notering** | | | | | | | | | | |
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| Ort och Datum  \_ | Ev. underskrift arbetsledare | | | | | | Ev. namnförtydligande arbetsledare  \_ | | | |
| Underskrift ansvarig chef | | | | | | | Namnförtydligande ansvarig chef  \_ | | | |

**Information**

**Skriv tydligt. Är blanketten inte läsbar eller fullständigt ifylld skickas den tillbaka till ansvarig chef vilket kan medföra att avdrag inte sker i tid.**

Chef skickar undertecknat underlag per post till SOLTAK AB Lön för handläggning.