Приложение N 4

к Порядку

предоставления субсидий

юридическим лицам (за исключением

субсидий государственным

(муниципальным) учреждениям),

индивидуальным предпринимателям, физическим

лицам - производителям товаров,

работ, услуг в целях возмещения

затрат по предоставлению бесплатного

горячего питания обучающимся

муниципальных общеобразовательных

учреждений городского округа Тольятти

Табель посещаемости детей 1- 4 класса, получивших бесплатное питание за \_\_\_\_\_\_\_\_\_\_\_\_\_2020

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| МБУ "Школа № | | | | | | | |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  | |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  | |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| № п/п | Корпус | | Параллель | Класс | Счет | | Фамилия, имя, отчество | Дети-инвалиды | | Числа месяца | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Всего | Сумма субсидии |
| 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 9 | 10 | | 11 | 12 | 13 | 14 | 15 | | 16 | 17 | 18 | 19 | 20 | | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| 1 |  | |  |  |  | |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  | |  |  |  | |  | 1 | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  | |  |  |  | |  | 1 | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  | |  |  |  | |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  | |  | 2 | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Директор МБУ "Школа N \_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (подпись) (Ф.И.О.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| М.П. | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Получатель Субсидии \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (должность) (подпись) (Ф.И.О) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Табель принял | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ М.П. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (должность работника департамента (подпись) (расшифровка подписи) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| образования администрации | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
| городского округа Тольятти) | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |
| "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ г. | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
| Примечание: Дети –инвалиды  отмечать цифрой «1» | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |
|  | | | |  | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |
|  | | | |  | | |  | | | | | | | | | | | |  | | | | | |  | | | | | |
|  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |