**Karta osoby przyjętej do zakwaterowania**

Załącznik do wniosku o świadczenie pieniężne za zapewnienie zakwaterowania i wyżywienia obywatelom Ukrainy

przybywającym na terytorium Rzeczypospolitej Polskiej, w związku z działaniami wojennymi prowadzonymi na terytorium Ukrainy

Imię i nazwisko\* PESEL\*

## W poniższych polach zakreśl znakiem X dni, w których zapewniono zakwaterowanie i wyżywienie danej osobie\*

Luty

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| *Brak możliwości wnioskowania o świadczenie za ten okres* |  |  |  |  |  |

Marzec

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Kwiecień

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Strona **1** z **2**

Lipiec

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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** |
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Sierpień

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Wrzesień

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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** |
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Październik

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| **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** |
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Liczba dni łącznie\* Wypełnia Urząd – Liczba dni łącznie x dzienna wysokość świadczenia w zł

\* Pola oznaczone symbolem gwiazdki są wymagane

Strona **2** z **2**