EWIDENCJA GODZIN ŚWIADCZENIA USŁUGI

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| **IMIĘ I NAZWISKO** **ZLECENIOBIORCY** | **MIESIĄC** | **ROK** | **NAZWA ZLECENIODAWCY** |
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| Dzień m-ca | Dzień tygodnia | Suma godzin | Podpis Zleceniobiorcy |
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|  | **ŁĄCZNIE** |  |  |

**POTWIERDZA PRZEDSTAWICIEL ZLECENIODAWCY:**

Niniejszym potwierdzam wykonanie usługi oraz powyższą ewidencję.

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Data potwierdzenia Podpis

ATTENDANCE LIST

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| **NAME AND SURNAME OF THE CONTRACTOR** | **MONTH** | **YEAR** | **NAME OF THE PRINCIPAL** |
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| DAY | DAY OF THE WEEK | SUM OF HOURS | SIGNATURE OF THE CONTRACTOR |
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|  | **SUMMARY** |  |  |

**CONFIRMED BY THE PRICINAPL’S REPRESENTATIVE:**

I confirm above records have been completed.

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Date Signature