DATA WYPEŁNIENIA.....
OSOBA ODPOWIEDZIALNA.....

**SPRAWOZDANIE Z DYSTRYBUCJI ŻYWNOŚCI W RAMACH PROGRAMU PEAD 2005**
**W DNIACH .....**

| lp | Województwo | Nazwa i adres organizacji | Liczba podopiecznych | 1.SERT TOPIONE | 2. SERY ŻÓŁTE | 3.MLEKO UHT | 4. RYŻ | 5. MĄKA | 6.MAKARON | RAZEM |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Waga netto [ w kg] | Waga netto [ w kg] | Waga netto [ w kg] | Waga netto [ w kg] | Waga netto [ w kg] | Waga netto [ w kg] | Waga netto [ w kg] |
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| 19. | | | | | | | | | | |
| 20. | OGÓŁEM: | | | | | | | | | |