**Költségösszesítő lap**

A támogatott neve:…………………………………………………………………………….

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| Sorszám | Megnevezés | Szállító | Számlaszám | ÁFA  nélküli  összeg (Ft) | ÁFA-val növelt összeg (Ft) | Támogatás  terhére  elszámolt  összeg (Ft) |
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|  |  |  | **Összesen**: |  |  |  |