**Költségösszesítő lap**

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

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