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) | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  | Összesen |  |  |  | |