|  |  |
| --- | --- |
|  | Приложение № 2  к Учетной политике  для целей бухгалтерского учета |

**Перечень форм документов, разработанных учреждением**

1. Акт о консервации объектов основных средств
2. Акт о принятии к учету объекта нефинансового актива
3. Дефектный акт для списания товарно-материальных ценностей
4. Акт установки (использования) товарно-материальных ценностей
5. Отчет о движении горюче-смазочных материалов
6. Акт приема-передачи автомашины
7. Акт контрольного замера и установления расхода топлива
8. Акт приема-передачи кассы
9. Заявление на перечисление заработной платы на карту
10. Расчет пособия по временной нетрудоспособности
11. Расчетный листок
12. Отчет о расходовании средств межбюджетных трансфертов муниципальными образованиями Калужской области (источник: федеральные средства)
13. Отчет о расходовании средств межбюджетных трансфертов муниципальными образованиями Калужской области (источник: собственные средства бюджета Калужской области)

Приложение № 2.1

|  |  |  |
| --- | --- | --- |
|  | УТВЕРЖДАЮ | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | *(должность руководителя)* | |
|  | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *(подпись, расшифровка подписи)* | |
|  | «\_\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ г. | |

АКТ

о консервации объектов основных средств

**Управление архитектуры и градостроительства Калужской области**

*(наименование учреждения)*

На основании приказа руководителя от "\_\_\_" \_\_\_\_\_\_\_\_ 20\_\_ г. N \_\_\_ о переводе основных средств на консервацию "\_\_\_" \_\_\_\_\_\_\_\_\_\_ 20\_\_ г. проведена консервация объекта(ов) основных средств.

1. Общие сведения об объекте(ах) основных средств

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| N п/п | Наименование/ инвентарный номер | Год выпуска (постройки) | Дата принятия к бухгалтерскому учету | Фактический срок эксплуатации |
| 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

2. Сведения о стоимости объекта(ов) основных средств на дату перевода на консервацию

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| N п/п | Наименование/инвентарный номер | Первоначальная (восстановительная) стоимость, руб. | Срок полезного использования, мес. | Сумма накопленной амортизации, руб. | Остаточная стоимость, руб. |
| 1 | 2 | 3 | 4 | 5 | 6 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

3. Сведения о техническом состоянии и технических характеристиках объекта(ов) основных средств

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| N п/п | Наименование/инвентарный номер | Техническое состояние на дату перевода на консервацию | Масса объекта | Производительность (грузоподъемность) | Дата последнего капитального ремонта | Примечание |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

4. Сведения о переводе на консервацию объекта(ов) основных средств

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| N п/п | Наименование/ инвентарный номер | Причины перевода на консервацию | Срок окончания консервации | Лица, ответственные за сохранность объекта(ов) на консервации |
| 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

5. Сведения о произведенных работах и затратах на консервацию объекта(ов) основных средств

|  |  |  |  |
| --- | --- | --- | --- |
| N п/п | Вид работы | Первичный документ, номер, дата | Стоимость, руб. |
| 1 | 2 | 3 | 4 |
| 1 | Наименование объекта/инвентарный номер |  |  |
| 1.1 |  |  |  |
| 1.2 |  |  |  |
| 1.3 |  |  |  |
| ... |  |  |  |
| 2 | Наименование объекта/инвентарный номер |  |  |
| 2.1 |  |  |  |
| 2.2 |  |  |  |
| 2.3 |  |  |  |
| ... |  |  |  |
| 3 | Наименование объекта/инвентарный номер |  |  |
| 3.1 |  |  |  |
| 3.2 |  |  |  |
| 3.3 |  |  |  |
| ... |  |  |  |
|  | Итого | |  |

Заключение комиссии:

Предусмотренные приказом руководителя от "\_\_\_" \_\_\_\_\_\_\_\_ 20\_\_ г. N \_\_\_ мероприятия по консервации проведены *(выбрать нужное):*

- **полностью;**

- **не полностью** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (указать, что именно не выполнено).*

По окончании работ по консервации и после утверждения настоящего акта объект(ы) считае(ю)тся законсервированным(и).

|  |  |  |
| --- | --- | --- |
| **Председатель комиссии:** |  |  |
| Наименование должности | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *(подпись)* | *(расшифровка подписи)* |
| **Члены комиссии:** |  |  |
| Наименование должности | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *(подпись)* | *(расшифровка подписи)* |
| Наименование должности | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *(подпись)* | *(расшифровка подписи)* |
| Наименование должности | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *(подпись)* | *(расшифровка подписи)* |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | |  | | |  | |  | |  | |  | | Приложение № 2.2 | | | | |
|  |  | | | | |  | | |  | |  | |  | |  | |  | | | | |
|  |  | | | | |  | | |  | | УТВЕРЖДАЮ | | | | | | | | | | |
|  |  | | | | |  | | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  |  | | | | |  | | |  | | *(должность руководителя )* | | | | | | | | | | |
|  |  | | | | |  | | |  | | \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  |  | | | | |  | | |  | | *(подпись, расшифровка подписи)* | | | | | | | | | | |
|  |  | | | | |  | | |  | | "\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_г. | | | | | | | | | | |
|  |  | | | | |  | | |  | |  | |  | |  | |  | |  | | |
| **АКТ № \_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | |
| **от "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ г.** | | | | | | | | | | | | | | | | | | | | | |
| **о принятии к учету объекта нефинансового актива** | | | | | | | | | | | | | | | | | | | | | |
| Управление архитектуры и градостроительства Калужской области | | | | | | | | | | | | | | | | | | | | | |
| *(наименование учреждения)* | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | |  | |  | |  | |  | |  | |  | | |
| Комиссия в составе: | | | |  | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |
| назначенная приказом от "\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_г. № \_\_\_\_\_\_\_\_, в присутствии | | | | | | | | | | | | | | | | | | | | | |
| материально ответственного лица \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| провела осмотр товарно-материальных ценностей (комплектующих), которые были | | | | | | | | | | | | | | | | | | | | | |
| выданы материально ответственным лицом \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| для создания (формирования) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| № п/п | Наименование товарно-материальных ценностей, услуг (работ) | | | | | | | | Количество | | Ед. изм. | | Цена, руб. коп. | | | | Стоимость, руб. коп. | | Счет бухгалтерского учета | | |
|  |  | | | | | | | |  | |  | |  | | | |  | |  | | |
|  |  | | | | | | | |  | |  | |  | | | |  | |  | | |
|  |  | | | | | | | |  | |  | |  | | | |  | |  | | |
| Итого стоимость товарно-материальных ценностей (комплектующих), услуг (работ): | | | | | | | | |  | | х | | х | | | |  | |  | | |
|  |  | | | | |  | | |  | |  | |  | |  | |  | |  | | |
| Заключение комиссии: | | | | | | Принять к учету основное средство: | | | | | | | | | | | | | | | |
| по балансовой стоимости | | | | | | | |  | | | | | | | | | | | | | |
| по стоимости товарно-материальных ценностей (комплектующих), входящих в состав | | | | | | | | | | | | | | | | | | | | | |
| основного средства. Списать данные товарно-материальные ценности (комплектующие) | | | | | | | | | | | | | | | | | | | | | |
| со счетов бухгалтерского учета | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Ответственное лицо: | | | | | |  | | |  | | | | | |  | |  | | | | |
|  |  | | | | |  | | | *(подпись)* | | | | | |  | | *(расшифровка подписи)* | | | | |
| Председатель комиссии: | | | | | | | | |  | | | | | |  | |  | | | | |
|  |  | | | | |  | | | *(подпись)* | | | | | |  | | *(расшифровка подписи)* | | | | |
| Члены комиссии: | | | | | |  | | |  | | | | | |  | |  | | | | |
|  |  | | | | |  | | | *(подпись)* | | | | | |  | | *(расшифровка подписи)* | | | | |
|  |  | | | | |  | | |  | | | | | |  | |  | | | | |
|  |  | | | | |  | | | *(подпись)* | | | | | |  | | *(расшифровка подписи)* | | | | |
|  |  |  | | | | | | | |  | |  | |  | |  | | Приложение № 2.3 | | |
|  |  |  | | | | | | | |  | |  | |  | |  | |  | | |
|  |  |  | | | | | | | |  | | УТВЕРЖДАЮ | | | | | | | | |
|  |  |  | | | | | | | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  |  |  | | | | | | | |  | | *(должность руководителя )* | | | | | | | | |
|  |  |  | | | | | | | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  | | | | | | | |  | | *(подпись, расшифровка подписи)* | | | | | | | | |
|  |  |  | | | | | | | |  | | "\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_г. | | | | | | | | |
|  |  |  | | | | | | | |  | |  | |  | |  | |  | |  |
| **Дефектный акт № \_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | |
| **от "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ г.** | | | | | | | | | | | | | | | | | | | | |
| **для списания товарно-материальных ценностей** | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | |  | |  | |  | |  | |  | |  |
| Управление архитектуры и градостроительства Калужской области | | | | | | | | | | | | | | | | | | | | |
| *(наименование учреждения)* | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | |  | |  | |  | |  | |  | |  |
| Комиссия в составе:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| назначенная приказом от "\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_г. № \_\_\_\_\_\_\_\_ в присутствии материально ответственного лица \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ провела обследование следующих товарно-материальных ценностей | | | | | | | | | | | | | | | | | | | | |
| № п/п | Номенклатура | | | | | | | | | Количество | | Ед. изм. | | Причина списания | | | | | | |
|  |  | | | | | | | | |  | |  | |  | | | | | | |
|  |  | | | | | | | | |  | |  | |  | | | | | | |
|  |  | | | | | | | | |  | |  | |  | | | | | | |
| Итого: | | | | | | | | | |  | | х | | х | | | | | | |
|  |  |  | | | | | | | |  | |  | |  | |  | |  | |  |
| Заключение комиссии: | | | | | | | Указанные детали для дальнейшей эксплуатации не пригодны | | | | | | | | | | | | | |
| и подлежат списанию | | | | | (ремонту) и замене новыми (отремонтированными) узлами, | | | | | | | | | | | | | | | |
| блоками и деталями | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Ответственное лицо: | | | | | | | | | |  | | | | | |  | |  | | |
|  |  |  | | | | | | | | *(подпись)* | | | | | |  | | *(расшифровка подписи)* | | |
| Председатель комиссии: | | | | | | | | | |  | | | | | |  | |  | | |
|  |  |  | | | | | | | | *(подпись)* | | | | | |  | | *(расшифровка подписи)* | | |
| Члены комиссии: | |  | | | | | | | |  | | | | | |  | |  | | |
|  |  |  | | | | | | | | *(подпись)* | | | | | |  | | *(расшифровка подписи)* | | |
|  |  |  | | | | | | | |  | | | | | |  | |  | | |
|  |  |  | | | | | | | | *(подпись)* | | | | | |  | | *(расшифровка подписи)* | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  | Приложение № 2.4 | | | | | |
|  |  | |  |  |  | | | | | |
|  |  | |  |  | УТВЕРЖДАЮ | | | | | |
|  |  | |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  |  | |  |  | *(должность руководителя )* | | | | | |
|  |  | |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | |  |  | *(подпись, расшифровка подписи)* | | | | | |
|  |  | |  |  | "\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_г. | | | | | |
|  |  | |  |  |  |  |  |  | |  |
| **АКТ № \_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| **от "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ г.** | | | | | | | | | | |
| **установки (использования) товарно-материальных ценностей** | | | | | | | | | | |
|  |  | |  |  |  |  |  |  | |  |
| **Управление архитектуры и градостроительства Калужской области** | | | | | | | | | | |
| *(наименование учреждения)* | | | | | | | | | | |
|  |  | |  |  |  |  |  |  | |  |
| Комиссия в составе: | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| назначенная приказом от "\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_г. № \_\_\_\_\_\_\_\_, в присутствии материально ответственного лица \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_провела обследование товарно-материальных ценностей, которые были выданы ответственным лицом \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ и установлены в \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| № п/п | Наименование товарно-материальных ценностей | | | Количество | Ед. изм. | Цена, руб. коп. | | Стоимость, руб. коп. | | Причина установки (использования) |
|  |  | | |  |  |  | |  | |  |
|  |  | | |  |  |  | |  | |  |
|  |  | | |  |  |  | |  | |  |
| Итого: | | | |  | х | х | |  | | х |
|  |  | |  |  |  |  |  |  | |  |
| Заключение комиссии: | | | Работа выполнена в полном объеме. Снятые запасные части | | | | | | | |
| подлежат утилизации | | в установленном порядке. | | | | | | | | |
|  | | | | | | | | | | |
| Материально ответственное лицо: | | | |  | | |  |  | | |
|  |  | |  | *(подпись)* | | |  | *(расшифровка подписи)* | | |
| Председатель комиссии: | | | |  | | |  |  | | |
|  |  | |  | *(подпись)* | | |  | *(расшифровка подписи)* | | |
| Члены комиссии: | | |  |  | | |  |  | | |
|  |  | |  | *(подпись)* | | |  | *(расшифровка подписи)* | | |
|  |  | |  |  | | |  |  | | |
|  |  | |  | *(подпись)* | | |  | *(расшифровка подписи)* | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  | Приложение № 2.5 | |
|  |  |  |  |  |  |  |  |  | УТВЕРЖДАЮ | | |
|  |  |  |  |  |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |  |  |  |  |  |  | *(должность руководителя)* | | |
|  |  |  |  |  |  |  |  |  | \_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  |  |  |  |  |  |  | *(подпись, расшифровка подписи)* | | |
|  |  |  |  |  |  |  |  |  | "\_\_\_"\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_г. | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **ОТЧЕТ** | | | | | | | | | | | |
| **о движении горюче-смазочных материалов (ГСМ) по** | | | | | | | | | | | |
| ***Управление архитектуры и градостроительства Калужской области*** | | | | | | | | | | | |
| *(наименование учреждения)* | | | | | | | | | | | |
| **за \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_г.** | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **№ п/п** | **Марка транспортного средства** | **Государственный номерной знак** | **Марка ГСМ** | **Показания спидометра на начало месяца, км** | **Показания спидометра на конец месяца, км** | **Норма расхода ГСМ, л/100 км, город/населенный пункт/трасса** | **Пробег за месяц, км** | **Остаток ГСМ на начало месяца, л** | **Приход ГСМ за месяц, л** | **Расход ГСМ за месяц, л** | **Остаток ГСМ на конец месяца, л** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| … |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **ИТОГО по отчету за месяц** | | | **х** | **х** | **х** | **х** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Составил: | |  | | | |  |  | |  |  | |
|  |  | *(должность)* | | | |  | *(подпись)* | |  | *(расшифровка подписи)* | |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Проверил: | |  | | | |  |  | |  |  | |
|  |  | *(должность)* | | | |  | *(подпись)* | |  | *(расшифровка подписи)* | |
|  |  |  |  |  |  |  |  |  |  |  |  |
| *Примечание: Представляет ответственный за работу автотранспорта. Отчет заполняется на основании путевых листов за месяц.* | | | | | | | | | | |  |

Приложение № 2.6

|  |
| --- |
| ***Управление архитектуры и градостроительства Калужской области*** |
| *(наименование учреждения)* |

**АКТ ПРИЕМА-ПЕРЕДАЧИ АВТОМАШИНЫ**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(марка, госномер)

Материально ответственное лицо \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, в присутствии старшего водителя (Ф. И. О.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ и членов постоянно действующей инвентаризационной комиссии (не менее 2-х человек):

-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

передал материально ответственному лицу\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ автомашину \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

На момент передачи \_\_\_\_\_\_\_\_20\_\_года, в \_\_\_\_ часов \_\_\_\_ минут, показание спидометра составило \_\_\_\_\_\_\_\_\_ , остаток бензина в баке \_\_\_\_\_\_ литров.

С автомашиной \_\_\_\_\_\_\_\_\_ переданы следующие материальные ценности, находящиеся в автомашине:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Автомобиль и автомобильная сигнализация в исправном состоянии.

|  |  |  |
| --- | --- | --- |
| Сдал | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *(подпись)* | *(расшифровка подписи)* |
| Принял | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *(подпись)* | *(расшифровка подписи)* |

В присутствии старшего водителя и членов постоянно действующей инвентаризационной комиссии:

Члены комиссии

|  |  |  |
| --- | --- | --- |
| Наименование должности | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *(подпись)* | *(расшифровка подписи)* |
| Наименование должности | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *(подпись)* | *(расшифровка подписи)* |
| Наименование должности | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *(подпись)* | *(расшифровка подписи)* |

Приложение № 2.7

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ***Управление архитектуры и градостроительства Калужской области*** | | | | | | | |  |
| *(наименование учреждения)* | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **Акт** |  |  |  |  |  |
|  | **контрольного замера и установления норматива расхода топлива** | | | | | | | | |
|  | | | |  |  |  |  | | |
| *(место проведения)* | | | |  |  |  | *(дата)* | | |
|  |  |  |  |  |  |  |  |  |  |
| 1.Комиссия в составе: | | |  | | | | | | |
|  | | | | | | | | | |
| Произвела контрольный замер расхода топлива по автомобилю \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ гос. номер \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, по ровной свободной | | | | | | | | | |
| городской дороге с асфальтовым покрытием, без пробок. | | | | | | | | | |
| № п/п | **Показатель** | | | | | **Значение** | | | |
| 1 | Вид топлива | | | | |  | | | |
| 2 | Остаток топлива в баке до выезда, л | | | | |  | | | |
| 3 | Пройденный отрезок пути, км | | | | |  | | | |
| 4 | Статус работы кондиционера | | | | | выключен | | | |
| 5 | Остаток топлива в баке после остановки, л | | | | |  | | | |
| 6 | Расход топлива за пройденнй путь, л | | | | | (стр.2-стр.5) | | | |
| 7 | Расход топлива на 100 км, л | | | | | (стр.6/стр.3\*100 км) | | | |
|  |  |  |  |  |  |  |  |  |  |
| 2. На основании проведенного замера утвердила для автомобиля \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ базовую норму расхода топлива - \_\_\_\_ л/100 км. | | | | | | | | | |
| 3. Утвердила применение следующих повышающих коэффициентов из Методических рекомендаций Минтранса: | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| **Наименование коэффициента** | | | | | | | **Значение** | | |
|  | | | | | | |  | | |
|  | | | | | | |  | | |
| При этом устанавливается, что зимний период длится с 1 ноября по 31 марта. | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| Председатель комиссии: | | |  | | |  |  | |  |
|  |  |  | *(подпись)* | | |  | *(расшифровка подписи)* | |  |
| Члены комиссии: | | |  | | |  |  | |  |
|  |  |  | *(подпись)* | | |  | *(расшифровка подписи)* | |  |
|  |  |  |  | | |  |  | |  |
|  |  |  | *(подпись)* | | |  | *(расшифровка подписи)* | |  |
|  |  |  |  | | |  |  | |  |
|  |  |  | *(подпись)* | | |  | *(расшифровка подписи)* | |  |

Приложение № 2.8

|  |  |  |
| --- | --- | --- |
|  | УТВЕРЖДАЮ | |
|  |  | |
|  | *(должность руководителя)* | |
|  |  |  |
|  | *(подпись, расшифровка подписи)* | |
|  | «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г. | |

|  |  |  |
| --- | --- | --- |
| **АКТ** | | |
| **приема-передачи кассы** | | |
|  | | |
| «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г. |  | № \_\_\_\_\_\_\_\_\_ |
|  | | |
| ***Управление архитектуры и градостроительства Калужской области*** | | |
| *(наименование учреждения)* | | |

Основание для проведения приема-передачи кассы: приказ от «\_\_» \_\_\_\_\_\_ 20\_\_г. № \_\_\_\_\_

РАСПИСКА

К началу проведения приемки-передачи все расходные и приходные документы на денежные средства сданы и все денежные средства, денежные документы, бланки строгой отчетности, поступившие на мою ответственность, оприходованы, а выбывшие списаны в расход.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ответственное лицо: |  |  |  |  |
|  |  |  |  |  |
| *(должность)* |  | *(подпись)* |  | *(расшифровка)* |

Акт составлен комиссией, которая установила следующее:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Денежные средства |  |  | руб. |  | коп. |
| 1. Денежные документы, из них |  |  |  |  |  |
|  |  |  | руб. |  | коп. |
|  |  |  | руб. |  | коп. |
| 1. Бланки строгой отчетности, из них |  |  |  |  |  |
|  |  |  | руб. |  | коп. |
|  |  |  | руб. |  | коп. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| По учетным данным на сумму |  | |  | руб. |  | коп. |
|  |  | |  |  |  |  |
|  |  | | *(прописью)* |  |  |  |
| Фактическое наличие на сумму |  | |  | руб. |  | коп. |
|  |  | |  |  |  |  |
|  |  | | *(прописью)* |  |  |  |
| Излишек |  | |  | руб. |  | коп. |
|  |  | |  |  |  |  |
|  |  | | *(прописью)* |  |  |  |
| Недостача |  | |  | руб. |  | коп. |
|  |  | |  |  |  |  |
|  |  | | *(прописью)* |  |  |  |
|  | |  | | | | |
| Последние номера кассовых ордеров: | | приходного № \_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | расходного № \_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Кассу сдал: |  |  |  |  |  |
|  | *(должность)* |  | *(подпись)* |  | *(расшифровка подписи)* |
| Кассу принял: |  |  |  |  |  |
|  | *(должность)* |  | *(подпись)* |  | *(расшифровка подписи)* |

Заключение комиссии: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Председатель комиссии: |  |  |  |  |  |
|  | *(должность)* |  | *(подпись)* |  | *(расшифровка подписи)* |
| Члены комиссии: |  |  |  |  |  |
|  | *(должность)* |  | *(подпись)* |  | *(расшифровка подписи)* |
|  |  |  |  |  |  |
|  | *(должность)* |  | *(подпись)* |  | *(расшифровка подписи)* |
|  |  |  |  |  |  |
|  | *(должность)* |  | *(подпись)* |  | *(расшифровка подписи)* |

Приложение № 2.9

Заявление

Прошу перечислять причитающиеся мне заработную плату и другие выплаты на лицевой счет с \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ года,

в Калужское отделение № 8608 ПАО Сбербанк г. Калуга.

Расчетный счет \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Корр. Счет 30101810100000000612

ИНН 7707083893

БИК 042908612

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| --- | --- | --- | --- |
| «\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_ г. |  |  |  |
|  | (подпись) |  | (Ф.И.О. работника) |

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|  | | | | | ***Управление архитектуры и градостроительства Калужской области*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Расчет пособия по временной нетрудоспособности № \_\_ от \_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | (наименование учреждения) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | |
|  | | | | | **Расчет пособия по временной нетрудоспособности** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | |
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|  | | | | | **Рег. номер 4000463922** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | |
|  | | | | | **Листок нетрудоспособности № 316893561187 (по заболеванию)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | |
|  | | | | **Сотрудник** | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | |  | | | | | |  | | | | | |  | | | | | | | | |  | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | | | |  | | | |  | | | | | | | | | |  | | | | | |
|  | | **Таб. номер** | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |  | | | |  | | | | | | |  | | | | | | |
|  | | **ИНН** | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |  | | | |  | | | | | | |  | | | | | | |
|  | | **СНИЛС** | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |  | | | |  | | | | | | |  | | | | | | |
|  | | **Больничный лист** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |
|  | | **Причина нетрудоспособности** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | | |  | | | | | | |  | | | | |
|  | | **Дата приема** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |
|  | | **Страховой стаж** | | | | | | | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | | | | |
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|  | | **1. Расчет базы и среднего заработка** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | | |
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|  | | **Год** | | | | | | **Подразделение** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Статья финансирования** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Заработок** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **База** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Предельная величина базы** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |
|  | | 2016 | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |
|  | | 2017 | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |
|  | | **ИТОГО** | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |
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|  | | **ИТОГО БАЗА** | | | | | | | | | | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Руб.** | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | | |
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|  | | **СРЕДНИЙ ЗАРАБОТОК** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **/ 730 = руб.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | | |
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|  | | | Дневной заработок, исходя из МРОТ: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | |  | | | | | | | |  | | | | | | | |  | | | | |
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|  | | | **2. Расчет пособия** | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | | | |  | | | | | | |  | | | | |
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|  | Подлежит оплате | | | | | | | | | | | | |  | | | | \_\_ дн. в размере 100 % за счет средств работодателя | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | | | | |  | | | | |  | | | | | | | | |
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|  | **Период** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Дней** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **%** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Средний заработок** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Среднее пособие из МРОТ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Ограничение** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Среднее пособие для расчета** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Сумма пособия** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | |  | | | | |
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|  | **ИТОГО** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | |  | | | | |
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|  | **3. Распределение суммы больничного по подразделениям, КЭК, статьям финансирования** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | | | | |  | | | | |  | | | | | | | | |
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|  | **Период** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Дней** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Сумма пособия** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Начисление** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **КЭК** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Подразделение** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Статья финансирования** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **ИТОГО** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **5** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | | | | |  | | | |  | | | | |  | | | | | | | | |
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|  | | За счет средств ФСС | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | |  | | | |  | | | | | | |  | | | | |
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Приложение № 2.11

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| ***Управление архитектуры и градостроительства Калужской области*** | | | | | | | | |
|  | (наименование учреждения) | | | | | |  |  |
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| **РАСЧЕТНЫЙ ЛИСТОК** | | | | **за** | **\_\_\_\_\_\_\_\_\_\_\_\_\_ 201\_\_\_ г.** | | |  |
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| **ФИО, таб. № \_\_\_\_** | | |  |  |  |  |  |  |
| Отработано \_\_\_ дн./\_\_\_\_ час. (норма \_\_\_/\_\_\_) | | | | | | | | |
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| Ст. вычеты | | \_\_\_\_\_\_\_ руб. на детей | | | | | | |
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| ИТОГО выплачено | | |  |  |  |  |  |  |
| ВСЕГО | | | | | |  |  |  |
| **На конец периода** | | |  |  |  |  |  |  |

Приложение № 2.12

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| ***Управление архитектуры и градостроительства Калужской области*** | | | | | | | | | | |
| (наименование главного распорядителя средств областного бюджета) | | | | | | | | | | |
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| **Отчет о расходовании средств межбюджетных трансфертов муниципальными образованиями Калужской области** | | | | | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| (период) | | | | | | | | | | |
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| **КРБ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| **источник: федеральные средства** | | | | | | | | | | |
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| Наименование контрагента | Соглашение | | Перечислено средств из областного бюджета (руб. коп.) | Кассовые расходы за период (руб. коп.) | Кассовые расходы в разрезе видов расходов | | | | | Остаток средств на конец отчетного периода (руб. коп.) |
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| Руководитель: (должность) | | |  |  | | |  |  |  |  |
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| Ответственный исполнитель: (должность) | | |  |  | | |  |  |  |  |
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Приложение № 2.13

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| ***Управление архитектуры и градостроительства Калужской области*** | | | | | |
| (наименование главного распорядителя средств областного бюджета) | | | | | |
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| **Отчет о расходовании средств межбюджетных трансфертов муниципальными образованиями Калужской области** | | | | | |
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| **источник: собственные средства бюджета Калужской области** | | | | | |
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| Наименование контрагента | Соглашение | | Перечислено средств из областного бюджета (руб. коп.) | Кассовые расходы за период (руб. коп.) | Остаток средств на конец отчетного периода (руб. коп.) |
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|  | подпись | (расшифровка подписи) | |  |  |
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