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| Извещение  Кассир | Социально-благотворительное учреждение помощи детям и взрослым  «Центр помощи Вера»  (наименование получателя платежа)   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 5 | 9 | 1 | 0 | 2 | 9 | 3 | 7 | 1 |  |   УНП получателя платежа   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | B | Y | 8 | 3 | A | K | B | B | 3 | 1 | 3 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 8 | 9 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |   Номер счета получателя платежа  ОАО АСБ «Беларусбанк» филиал №400-Гродненское областное управление г.Гродно, ул. Новоооктябрьская 5 BIC SWIFT   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | A | K | B | B | B | Y | 2 | 1 | 4 | 0 | 0 |   (Наименование банка получателя платежа)  Пожертвование на лечение взрослых. Без НДС.  (Наименование платежа)  Ф.И.О. плательщика \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Адрес плательщика \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Сумма платежа \_\_\_\_\_\_\_\_\_\_\_ руб \_\_\_\_\_\_\_\_\_ коп \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Сумма платежа прописью)  Подпись плательщика \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Квитанция  Кассир | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Социально-благотворительное учреждение помощи детям и взрослым  «Центр помощи Вера»  (наименование получателя платежа)   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 5 | 9 | 1 | 0 | 2 | 9 | 3 | 7 | 1 |  |   УНП получателя платежа   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | B | Y | 8 | 3 | A | K | B | B | 3 | 1 | 3 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 8 | 9 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |   Номер счета получателя платежа  ОАО АСБ «Беларусбанк» филиал №400-Гродненское областное управление г.Гродно, ул. Новоооктябрьская 5 BIC SWIFT   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | A | K | B | B | B | Y | 2 | 1 | 4 | 0 | 0 |   (Наименование банка получателя платежа)  Пожертвование на лечение взрослых. Без НДС.  (Наименование платежа)  Ф.И.О. плательщика \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Адрес плательщика \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Сумма платежа \_\_\_\_\_\_\_\_\_\_\_ руб \_\_\_\_\_\_\_\_\_ коп \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Сумма платежа прописью)  Подпись плательщика \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |