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|  | | | |  | **صورت هزینه های فاقد فاکتور** | | | | | | | |  | | کد مدرک: FO91/00 | | | | | | | |  |
|  | | | |  | | | | | سريال :  تاريخ : / / | | | | | | | | | | | | | |
|  | مركز هزينه : . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | | | | | | | | | | | | | | | | | | | |  |
|  | معاونت / مدیریت مالی | | | | | | | | | | | | | | | | | | | | | |  |
|  | با احترام ؛ بدینوسیله فهرست اقلام فاقد فاكتور ذيل كه توسط اينجانب . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . بنا به دستور . . . . . . . . . . . . . . . . . . . . . . . . . . . . خريداري شده است ، جهت پرداخت ارائه می گردد . | | | | | | | | | | | | | | | | | | | | | |  |
| **رديف** | | **شرح كالا** | | | | | **تعداد** | **قيمت واحد**  (ريال / دینار / دلار) | | | **مبلغ** (ريال / دینار / دلار) | | | | | | | | | | | | |
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| 12 | |  | | | | |  |  | | |  |  | |  | |  |  | |  |  |  |  | |
| جمع به حروف | | |  | | | | | | | |  |  | |  | |  |  | |  |  |  |  | |
| خريدار: . . . . . . . . . . . . . . . . . . . . . . . . . . . .  امضا | | | | | | مسئول مستقيم: . . . . . . . . . . . . . . . . . . . . . . . . . . . .  امضا | | | | تصويب كننده: . . . . . . . . . . . . . . . . . . . . . . . . . . . .  امضا | | | | | | | | | | | | | |
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