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| **............................... İL SAĞLIK MÜDÜRLÜĞÜ** | | | |
|  | **SAĞLIK TESİSİ ADI** | **KARGO ÖDEME TARİHİ** | **TUTAR** |
| 1- | ...................... | ..... /..... / 2018 | ........ TL. |
| 2- | ...................... | ..... /..... / 2018 | ........ TL. |
| 3- | ...................... | ..... /..... / 2018 | ........ TL. |
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| **TOPLAM TUTAR =** | | | .......... TL. |