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| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Извещение**  **Кассир** | **УФК по Кемер. области (государственное учреждение «Областной центр мониторинга качества образования» л/cx № 20396У37140)** | | | | | | | | | | | (наименование получателя платежа) | | | | | | | | | | | 4207014960 | |  |  | 40601810300001000001 | | | | | | | (ИНН получателя платежа) (номер счета получателя платежа) | | | | | | | | | | | Отделение Кемерово г.Кемерово | | | | | |  | БИК | | 043207001 | | (наименование банка получателя платежа) | | | | | | | | | | | Код бюджетной классификации | | | | | 00000000000000000130 | | | | | | **Участие в диагностическом тестировании 9, 11 класс** | | | | | |  | | 420501001 32701000 | | | (назначение платежа) КПП ОКТМО | | | | | | | | | | | Ф.И.О. плательщика: |  | | | | | | | | | | Адрес плательщика: |  | | | | | | | | | | Сумма платежа: \_\_\_\_\_\_\_\_\_ руб. \_\_\_\_\_коп. Сумма платы за услуги: \_\_\_\_\_\_\_ руб. \_\_\_\_\_коп | | | | | | | | | | | Итого \_\_\_\_\_\_\_\_\_\_\_\_\_\_ руб. \_\_\_\_\_\_ коп. “\_\_\_\_\_\_”\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_г. | | | | | | | | | | | С условиями приема указанной в платежном документе суммы, в т.ч. с суммой взимаемой платы за услуги банка  ознакомлен и согласен. **Подпись плательщика** | | | | | | | | | | | **Квитанция**  **Кассир** |  | | | | | | | | | | | **УФК по Кемер. области (государственное учреждение «Областной центр мониторинга качества образования» л/cx № 20396У37140)** | | | | | | | | | | | (наименование получателя платежа) | | | | | | | | | | | 4207014960 | |  |  | 40601810300001000001 | | | | | | | (ИНН получателя платежа) (номер счета получателя платежа) | | | | | | | | | | | Отделение Кемерово г.Кемерово | | | | | |  | БИК | | 043207001 | | (наименование банка получателя платежа) | | | | | | | | | | | Код бюджетной классификации | | | | | 00000000000000000130 | | | | | | **Участие в диагностическом тестировании 9, 11 класс** | | | | | |  | | 420501001 32701000 | | | (назначение платежа) КПП ОКТМО | | | | | | | | | | | Ф.И.О. плательщика: |  | | | | | | | | | | Адрес плательщика: |  | | | | | | | | | | Сумма платежа: \_\_\_\_\_\_\_\_\_ руб. \_\_\_\_\_\_ коп. Сумма платы за услуги: \_\_\_\_ руб. \_\_\_\_коп. | | | | | | | | | | | Итого \_\_\_\_\_\_\_\_\_\_\_ руб. \_\_\_\_\_ коп. “\_\_\_\_\_\_\_\_”\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_г. | | | | | | | | | | | С условиями приема указанной в платежном документе суммы, в т.ч. с суммой взимаемой платы за услуги банка  ознакомлен и согласен.  **Подпись плательщика** | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Извещение**  **Кассир** | **УФК по Кемер. области (государственное учреждение «Областной центр мониторинга качества образования» л/cx № 20396У37140)** | | | | | | | | | | | (наименование получателя платежа) | | | | | | | | | | | 4207014960 | |  |  | 40601810300001000001 | | | | | | | (ИНН получателя платежа) (номер счета получателя платежа) | | | | | | | | | | | Отделение Кемерово г.Кемерово | | | | | |  | БИК | | 043207001 | | (наименование банка получателя платежа) | | | | | | | | | | | Код бюджетной классификации | | | | | 00000000000000000130 | | | | | | **Участие в диагностическом тестировании 9, 11 класс** | | | | | |  | | 420501001 32701000 | | | (назначение платежа) КПП ОКТМО | | | | | | | | | | | Ф.И.О. плательщика: |  | | | | | | | | | | Адрес плательщика: |  | | | | | | | | | | Сумма платежа: \_\_\_\_\_\_\_\_\_ руб. \_\_\_\_\_коп. Сумма платы за услуги: \_\_\_\_\_\_\_ руб. \_\_\_\_\_коп | | | | | | | | | | | Итого \_\_\_\_\_\_\_\_\_\_\_\_\_\_ руб. \_\_\_\_\_\_ коп. “\_\_\_\_\_\_”\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_г. | | | | | | | | | | | С условиями приема указанной в платежном документе суммы, в т.ч. с суммой взимаемой платы за услуги банка  ознакомлен и согласен. **Подпись плательщика** | | | | | | | | | | | **Квитанция**  **Кассир** |  | | | | | | | | | | | **УФК по Кемер. области (государственное учреждение «Областной центр мониторинга качества образования» л/cx № 20396У37140)** | | | | | | | | | | | (наименование получателя платежа) | | | | | | | | | | | 4207014960 | |  |  | 40601810300001000001 | | | | | | | (ИНН получателя платежа) (номер счета получателя платежа) | | | | | | | | | | | Отделение Кемерово г.Кемерово | | | | | |  | БИК | | 043207001 | | (наименование банка получателя платежа) | | | | | | | | | | | Код бюджетной классификации | | | | | 00000000000000000130 | | | | | | **Участие в диагностическом тестировании 9, 11 класс** | | | | | |  | | 420501001 32701000 | | | (назначение платежа) КПП ОКТМО | | | | | | | | | | | Ф.И.О. плательщика: |  | | | | | | | | | | Адрес плательщика: |  | | | | | | | | | | Сумма платежа: \_\_\_\_\_\_\_\_\_ руб. \_\_\_\_\_\_ коп. Сумма платы за услуги: \_\_\_\_ руб. \_\_\_\_коп. | | | | | | | | | | | Итого \_\_\_\_\_\_\_\_\_\_\_ руб. \_\_\_\_\_ коп. “\_\_\_\_\_\_\_\_”\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_г. | | | | | | | | | | | С условиями приема указанной в платежном документе суммы, в т.ч. с суммой взимаемой платы за услуги банка  ознакомлен и согласен.  **Подпись плательщика** | | | | | | | | | | |