*Załącznik*

*do wniosku o świadczenie pieniężne za zapewnienie zakwaterowania i wyżywienia obywatelom Ukrainy*

*przybywającym na terytorium Rzeczypospolitej Polskiej, w związku z działaniami wojennymi prowadzonymi na terytorium Ukrainy*

**Karta osoby przyjętej do zakwaterowania**

Imię i nazwisko\* PESEL\*

**W poniższych polach zakreśl znakiem X dni, w których zapewniono zakwaterowanie i wyżywienie danej osobie\***

**Rok 2022**

Lipiec

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Strona **1** z **4**

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| **Rok 2023** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Styczeń | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Strona **2** z **4**

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Strona **3** z **4**

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| **Rok 2024** | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Kwiecień | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | | | Liczba dni łącznie\* | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | Wypełnia Urząd – Liczba dni łącznie × dzienna wysokość świadczenia w zł | | | | | | | | | | | | | | |
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\* Pola oznaczone symbolem gwiazdki są wymagane.

Strona **4** z **4**