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| Maksun saajan nimi | | | | | | | | | | | | | | Henkilötunnus | | | | | | Tutkinto | | | | |
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| Lähiosoite | | | | | | | | | | | | | | | | | | | | | | | | |
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| Postitoimipaikka | | | | | | | | | | | | | | | | | | | | | | Puhelin | | |
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| Hankenumero | | | | | | | | | | | | | | | | | | | | | | | | |
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| Asiaselitys | | | | | | | | | | | | | | | | | | | | | |  | | |
| Vakuutan olevani virkavapaalla | | | | | | | | | | |  | | | | | | toimestani/virastani | | | | | € | | |
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| Vakuutan, etten ole virka- tai työsopimussuhteessa apurahajakson | | | | | | | | | | | | | | | | | | | | | |
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| Lisätietoja: | | | | | | | | | | | | | | | | | | | | | |
| Maksupäivä | | | |  | | | / |  | | | 20 |  | | |  | | | | | | |
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| Apurahansaajan allekirjoitus ja nimenselvennys | | | | | | | | | | | | | Maksun saajan allekirjoitus ja nimenselvennys | | | | | | | | |
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| Suoritus perustuu | | | | |  | | | | | | | | | | | päätökseen | | | |  | | | § |  |

Lomakkeen palautus osoitteella: Pirkanmaan sairaanhoitopiiri / Tiedekeskus, Henkilöstöasiat, PL 2000, 33521 Tampere

tai sisäpostissa: Tiedekeskus, Henkilöstöasiat, FM5, 3. krs.

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