

► *Názov poskytovateľa sociálnej rehabilitácie :*

► *Miesto poskytovania sociálnej rehabilitácie (ADRESA):*

► *Forma sociálnej služby:*

► Celkový počet hodín sociálnej rehabilitácie (rozsah), na ktorý PSK poskytol finančný príspevok :

| Kategória<br>/Položka<br>(viď. Príloha č.3) | Druh a číslo dokladu<br>opodstatneného výdavku | Počet zamest -<br>nancov, ktorým je<br>poskytnutá mzda | Identifikácia<br>opodstatneného výdavku<br>(Celková výška hrubej<br>mzdy alebo celková výška<br>zákonných odvodov za<br>zamestnávateľa - v €) | Pomerná výška<br>opodstatneného výdavku z<br>poskytnutého FP použitá<br>na hrubé mzdy alebo<br>zákonné odvody za<br>zamestnávateľa<br>(v €) | Doklad o úhrade výšky opodstatneného výdavku z : |              |                   |              |
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- účtovné doklady musia byť zoradené po mesiacoch vzostupne

► *Názov poskytovateľa špecializovaného poradenstva alebo sociálnej rehabilitácie :*

► *Miesto poskytovania špecializovaného poradenstva (ADRESA):*

► *Forma sociálnej služby:*

► Celkový počet hodín špecializovaného sociálneho poradenstva (rozsah), na ktorý PSK poskytol finančný príspevok :

[illegible]

- účtovné doklady musia byť zoradené po mesiacoch vzostupne