...........................................................
.......
...........................................................
......

Str. ......................................

**ARKUSZ SPISU Z NATURY**

**rodzaj inwentaryzacji** ......................................................................

**sposób przeprowadzenia** .................................................................

.................................................................. *(imię i nazwisko osoby odpowiedzialnej materialnie)* ......................................

**Skład komisji inwentaryzacyjnej:**
*imię, nazwisko i stanowisko służbowe*
..............................................................................
......
..............................................................................
......

**Inne osoby obecna przy spisie:**
*imię, nazwisko i stanowisko służbowe*
.................................................................
.......
.................................................................
.......

Spis rozpoczęto dn. .................................. o godz. ................ zakończono dn. ......................... o godz. ...............

| Lp. | KTM - symbol indeksu | nazwa towaru | j.m. | ilość | cena | wartość | uwagi |
|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Lp. | KTM - symbol indeksu | nazwa towaru | j.m. | ilość | cena | wartość | uwagi |
|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | |
|---|---|
| suma strony | |
| suma arkusza | |

Podpis osoby odpowiedzialnej materialnie:

.............. *(imię i nazwisko)* ................ *(podpis)*
............................

Wycenił:

**Skład Komisji inwentaryzacyjnej:**

*imię, nazwisko* *podpis*

***Przewodniczący:***

.............................................................................................

***Członkowie*** *: ......*