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| **IZJAVA ZA PREJEMANJE RAČUNA PO ELEKTRONSKI POŠTI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spodaj podpisani/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ izjavljam, da želim prejemati | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *ime in priimek plačnika* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| račun za otroka(e)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, rojenega \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *ime in priimek otroka datum rojstva otroka* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| po elektronski pošti v pdf obliki na moj elektronski naslov: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *vaš e-mail naslov* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hkrati se obvezujem, da bom spremembo e-naslova in ostale informacije pomembne za izdajo računa sporočil na OŠ Škofja Loka-Mesto, kontakt: ga. Mojca Jenko, [mojca.jenko2@guest.arnes.si](mailto:mojca.jenko2@guest.arnes.si). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Moja davčna številka:**  V \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, dne \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Podpis plačnika: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |