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|   Birimimizin ihtiyacı olan aşağıda/ekli listede belirtilen malzemelerin temin edilmesi hususunda gereğini arz ederim.

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**Talep Eden Personel Atölye Birim Sorumlusu**Adı Soyadı : Adı Soyadı :Unvanı : Unvanı : İmza : İmza :**UYGUNDUR****…/…/2020** |