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| Beställarens namn | | Arbetsställe | | | | |
| Telefon | | Adress | | | | |
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| Debiteras kundnummer alt. kostnadsställe | |
| Lagerställe: Datum: | | |
| Specifikation | |  | | Utlämnat av: | | |
| **HMV:s Artikelnummer** | **Benämning** | | **Best. ant** | **Lev. ant.** | **Rest. ant.** | **Hjälpmedels-nummer** | |
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