**REEMBOLSO DE GASTOS** F-IN-Comp-5.1

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PROYECTO / SERVICIO | | | | |  | | | | |
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| NOMBRE Y APELLIDOS | | | | | | | | | |
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| DNI | | | | | | | | | |
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| TELÉFONO | |  | | | | E-MAIL |  | | |
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| GASTO | | | | | | | | | |
| **FECHA** | | | **DESCRIPCIÓN** | | | | | | **IMPORTE** |
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| **TOTAL** | | | | | | | | |  |
| FORMA DE PAGO | | | | | | | | | |
|  | **TRANSFERENCIA Nº DE CUENTA:** | | | | | | | | |
| **Observaciones** | | | | | | | | | |
| **Valencia, a de de 201** | | | | | | | | | |
| **EL/LA INTERESADO/A** | | | | **EL/LA RESPONSABLE** | | | | **AUTORIZADO/A** | |
| **Fdo:** | | | | **Fdo:** | | | | **Fdo:** | |