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| ACOMPAÑARLO de CADA FACTURA ORIGINAL |

**AUTORIZACIÓN de PAGO**

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| **FECHA:** |  |

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| **CONCEPTO:** |  |
| **IMPORTE:** |  |

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| **PROVEEDOR:** | **Nombre de proveedor:****CIF:****Nº de factura:** |  |

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| **FORMA de PAGO:** | TARJETA VISARECIBO BANCARIOTRANSFERENCIA BANCARIAEFECTIVONº de Cuenta - IBAN: |

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| **A cargo de** |  |

**FIRMA de AUTORIZACIÓN Vº Bº Director/a**

Director General de la Fundación (Si procede)

Fdo.: Francisco del Pozo Ruiz Fdo.: