**AUTORIZACION PARA TRANSFERENCIA DE FONDOS**

**F.1**

 **Nombre del Instituto: Fecha:**

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| ORDEN DE PAGO NRO. |  |

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| Aviso |

 Pago a Prov. Reintegro Adelanto

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| NRO. DE RENDICIÓN |  |
| INVESTIGADOR TITULAR (SOLO R8 Y R9) |  | NRO. DE PROYECTO |  |
| CONCEPTO |  |
| IMPUTACIÓN CONTABLE (OCA) |  |
| **Datos Bancarios** |
| NOMBRE DEL PROVEEDOR |  |
| CORREO ELECTRONICO |  |
| DOMICILIO |  |
| LOCALIDAD – COD POSTAL |  |
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| BANCO |
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| SUCURSAL /Nº DE CUENTA |  |
| TITULARES DE LA CUENTA |  |
| TIPO DE CUENTA (CA o CC) |  |
| C.U.I.L. / C.U.I.T |

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| CBU ( 22 DIGITOS) |

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 |
| MONTO BRUTO |  |
| RETENCIÓN |  |
| MONTO NETO |  |

 Firma del Titular:………………………. Firma del Coordinador Adm.:…………………