**AUTORIZACION PARA TRANSFERENCIA DE FONDOS**

**F.1**

**Nombre del Instituto: Fecha:**

|  |  |
| --- | --- |
| ORDEN DE PAGO NRO. |  |

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| --- |
| Aviso |

Pago a Prov. Reintegro Adelanto

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |  | | | |
| |  | | --- | | BANCO | |  | |  | |  | | | |
| SUCURSAL /Nº DE CUENTA |  | | | |
| TITULARES DE LA CUENTA |  | | | |
| TIPO DE CUENTA (CA o CC) |  | | | |
| C.U.I.L. / C.U.I.T | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **-** |  |  |  |  |  |  |  |  | **-** |  | | | | |
| CBU ( 22 DIGITOS) | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | **-** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | |
| MONTO BRUTO |  | | | |
| RETENCIÓN |  | | | |
| MONTO NETO |  | | | |

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