|  |  |
| --- | --- |
| Ejercicio: |  |
| Cl. Orgánica: |  |
| Programa: |  |
| Cl. Económica: |  |

**EXPEDIENTE DE AUTORIZACIÓN PARA EL ABONO DE INDEMNIZACIÓN POR RAZÓN DEL SERVICIO A PERSONAL EXTERNO A LA UNIVERSIDAD**

|  |  |
| --- | --- |
| Participación como:  |  |

**DATOS PERSONALES:**

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| --- | --- | --- | --- |
| Apellidos y Nombre  |  | D.N.I./N.I.E |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Domicilio  |  | Localidad |  | C.P. |  |

|  |  |
| --- | --- |
| Nacionalidad  |  |

**DATOS BANCARIOS:**

Código IBAN (24 dígitos).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Solicita Indemnización de: |  | Manutención |  | Locomoción |  | Alojamiento |  | Asistencia | GRUPO |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

|  |  |  |  |
| --- | --- | --- | --- |
| Población de origen:  |  | Población de destino: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Día/hora de salida:  |  | Día/hora de llegada al origen: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  Vehículo propio (Matrícula):  |  | ) |  |  Transporte Público |  |  Otro |  |

Y para que así conste a efectos de justificación, declaro que no voy a percibir otra indemnización por el mismo objeto de desplazamiento.

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| En Burgos, | a |  | de |  | de 20 |

|  |  |
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| Fdo.: |  |

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| AUTORIZADO,Burgos, a de de 20EL RECTOR,Fdo.:  |  Como responsable de la actividad, CERTIFICO que ésta se ha realizado conforme a lo establecido.Burgos, a de de 20EL/LA RESPONSABLE,   Fdo.:  |

