

## COMPENSATION FOR SERVICE

D./Mrs			Category				
POI/PI UNIV. ZARAG. SGSS	PDI UNIV. ZARAG. MUFACE	PAS UNIV. ZARAG. SGSS	PAS UNIV. ZARAG. MUFACE	P.P.FORM. UI SGSS	NIV. ZARAG.	EXTERNAL: Personal that does NOT belong tdto UNIV. ZARAG.	
with*NIF/NIE/Passport	, Pe	ersonal Registration No	and em	nail _			
in applicationof thlegi	slation in effect <b>REQU</b>	JESTS: h corresponding	indemnity by	reasorof servi	ce by:		
REASON:							
DISPLACEMENT:	Since:		Until:			a return.	
	Date of Exit:	Hour:	Date of	Arrival:		_ Hour:	
	MAINTE	NANCE:		Quantity	Unit Price	Amount	
	Journeys	in Spain:					
Complete Diets							
Half			Diets				
Return day dinne		oplicable): Max. a	mount 26.67 €				
	Trips ab	road:			<u> </u>		
Complete Diets							
Half			Diets				
Return day dinne		oplicable): Max. a	mount 26.67 €				
ACCOMMODATION:							
	LOCOM	OTION:					
Public transport (attack	n original receipts)						
Own vehicle: model and	d license plate numbe	r	1	Kms.			
Highway and parking b	ill:						
			Total				
In case of bank transfer, the amount must be paid ir the Bank:	nto						
IBAN code (24 digits):							

		-				
CERTIFY:	That the service has been carried out in ac	cordance with all its terms, and	this settlement has been approved.			
		to	* Document Type: NIF: National NIE: Resident aliens Passport: Non-residents			
I DECLARE that the data completed in this form are true and for the record, I sign this statement.						
	In	to				
	R E C	CIBÍ	-			
	Signed:					

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