**RELACIÓN NUMERADA Y CLASIFICADA DE GASTOS - JUSTIFICACIÓN**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nº gasto** | **Denominación o razón social** | **CIF** | **Nº factura o recibo** | **Fecha emisión** | **Concepto** | **Base imponible** | **IVA** | **TOTAL factura** | **Fecha de pago** |
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En \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_a \_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 202\_

Sello de la entidad beneficiaria y firma del representante legal