CERTIFICADO BANCARIO DE PAGO DE FACTURAS

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| D/Dña. |       | , |
| como Director/Interventor de la oficina nº |       | del Banco/Caja |
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| **CERTIFICA QUE** se han cargado en la cuenta nº ES |       | , |
| cuyo titular es |       |
| los pagos correspondientes a las siguientes facturas:  |

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| **Proveedor** | **Nº de factura** | **Fecha factura** | **Importe** | **Fecha pago** |
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*El presente certificado acredita que los pagos han sido efectivos en la fecha y cuenta referenciadas*.

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| Fdo:  |       |
|  | Director ó Interventor de la sucursal y sello de la entidad financiera |