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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|  | | a |  | de |  | de | 20 |  |
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| Fdo: |  | | | | | | | |
|  | Director ó Interventor de la sucursal y sello de la entidad financiera | | | | | | | |