**RECIBÍ**

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| El proveedor |       | , |
| con NIF |       | y domicilio en |       |
| ha recibido de la entidad |       |
| con NIF |       | , | la cantidad en efectivo de |       | €. |

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| **La cantidad abonada en efectivo se ha recibido por parte del proveedor a fecha** |       |
| **como pago de la/s siguiente/s factura/s:** |

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| **Nº de factura** | **Fecha factura** | **Importe** | **Concepto** |
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| Fdo:  |       |
|  | Firma y NIF de la persona receptora del cobro y sello del proveedor |