**ANEXO III**

**RECIBO DE DIÁRIAS – TERCEIROS**

| **Nº Processo** | | | | | |
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| **RECIBO** | | | | | |
| **Recebi de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a importância de R$ \_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_ ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ), relativo a despesas com diária(s):**  **Quantidade de Diárias**: **\_\_\_\_\_\_ Valor Unitário: R$\_\_\_\_\_\_\_\_ , \_\_\_\_ Valor Total: R$ \_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_**  **Taxa de Câmbio (quando houver): R$ \_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_ Data: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**  **Período de : \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ A \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**  **Instituição/campos Visitada: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Localidade Visitada**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **UF**: \_\_\_\_\_\_\_\_\_\_\_  **Objetivo da Visita:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
|  | | | | | |
| **IDENTIFICAÇÃO DO BENEFICIÁRIO** | | | | | |
| **Nome:** | | | | | |
| **Profissão:** | | | | | |
| **Endereço:** | | | | | |
| **CEP:** | **Cidade:** | | | | **UF:** |
| **R.G:** | **CPF:** | | **Passaporte (se estrangeiro):** | | |
|  | | | | | |
| **ASSINATURAS** | | | | | |
| **Declaro que as informações constantes deste recibo são verdadeiras.**  **Em \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Assinatura do Coordenador do Auxílio** | | **Assinatura do Recebedor das diárias**  **Em \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Recebedor das diárias** | | | |