**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** |