***ANEXO III. Modelo de recibo de compensación por actividades científicas.***

*Recibo de compensación por actividades científicas*

*(sólo para personas físicas que realicen de forma esporádica actividades científicas con cargo a la Fxxxxx)*

*Documento/ Factura nºXXXXXX*

PERCEPTOR (Colaborador, Docente/Conferenciante):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Apellidos y Nombre** | |  | | | **N.I.F.** | |  |
| **Domicilio** |  | | | | | | |
| **Población** |  | | | **Provincia** | |  | |
| **Código Postal** | | |  | **País** | |  | |
| **Dirección de correo electrónico** | | |  | **Teléfono** | |  | |

He recibido de la Fundación para la Investigación Biomédica del Hospital xxxxxxxxx, con domicilio en xxxxxxx y C.I.F. xxxxxx, la cantidad que se indica:

|  |  |
| --- | --- |
| **Importe Integro** | € |
| **IRPF - %** | € |
| **Importe neto** | € |

|  |
| --- |
| **En Concepto de:** |
| Actividad:  Fecha/período:  Referencia de Programa/Proyecto:  Investigador Principal/Responsable Proyecto: |

Mediante transferencia bancaria a mi cuenta:

###### Datos Bancarios:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cód. Entidad** |  | |  |  |  | **Cód. Suc.** |  |  |  | |  | | **D.C.** | |  | | |  | | **Cuenta** | | |  | |  | |  | |  | |  | |  | |  | | |  | | |  |
|  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | | |  | |  | | |  | |  | |  | |  | |  | |  | |  | | |  |  | |  |
| **Fecha** | | | | |  | | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Conforme IP/Responsable:** | **Páguese el Administrador:** | **Firma del Perceptor:** |