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| **CUENTA JUSTIFICATIVA DEL GASTO DE FUNCIONAMIENTO 2024** | | | | | | |
| **ENTIDAD:** | | | | | | |
| **Nº ORDEN** | **FECHA** | **Nº FACTURA** | **EMISOR** | **CONCEPTO** | **IMPORTE** | **FECHA JUSTIFICANTE PAGO** |
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