**Rendición de Gastos Beca Municipal Educación Superior**

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| --- | --- | --- | --- |
| Fecha de emisión (se completa al entregar) | |  | |
| Nombre estudiante | |  | |
| RUT | |  | |
| Teléfono | |  | |
| Semestre de rendición | Primero\_\_\_\_ | | Segundo\_\_\_\_ |

**Detalle de gastos**

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| I.- Movilización | | | |
| Fecha | Detalle | N° Boleta | Monto |
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| Total: $ |

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| II.- Alimentación | | | |
| Fecha | Detalle | N° Boleta | Monto |
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| Total: $ |

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| III.- Hospedaje/pensión | | | |
| Fecha | Detalle | N° Boleta | Monto |
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| Total: $ |

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| IV.- Útiles/ Materiales | | | |
| Fecha | Detalle | N° Boleta | Monto |
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| Total: $ |

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| V.- Arancel | | | |
| Fecha | Detalle | N° Boleta | Monto |
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| Total: $ |

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| VI.- Otros (Relacionados al estudiante) | | | |
| Fecha | Detalle | N° Boleta | Monto |
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| Total: $ |

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Firma Estudiante Nombre y firma

Profesional que recepciona