**TRIBUNAL REGIONAL FEDERAL DA 1ª REGIÃO**
PROGRAMA DE ASSISTÊNCIA AOS MAGISTRADOS E SERVIDORES

**PCTT: 26.107.14-B**

# GUIA DE OUTRAS DESPESAS

| 1 - Registro ANS | 2 - Nº Guia Referenciada |
|---|---|
| 99999-9 | |

**Dados do Contratado Executante**

| 3 - CNPJ / CPF | 4 - Nome do Contratado | 5- Código CNES |
|---|---|---|
| \|___\|___\|___\|___\|___\|___\|___\|___\|___\|___\|___\|___\|___\|___\| | | |

1- |___| |___|___|/|___|___|/|___|___| |___|__|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|___|,|___|___| |___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___|

16-Descrição _____

2- |___| |___|___|/|___|___|/|___|___| |___|__|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|___|,|___|___| |___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___|

16-Descrição _____

3- |___| |___|___|/|___|___|/|___|___| |___|__|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|___|,|___|___| |___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___|

16-Descrição _____

4- |___| |___|___|/|___|___|/|___|___| |___|__|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|___|,|___|___| |___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___|

_____

5- |___| |___|___|/|___|___|/|___|___| |___|__|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|___|,|___|___| |___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___|

16-Descrição _____

6- |___| |___|___|/|___|___|/|___|___| |___|__|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|___|,|___|___| |___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___|

16-Descrição _____

7- |___| |___|___|/|___|___|/|___|___| |___|__|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|___|,|___|___| |___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___|

16-Descrição _____

8- |___| |___|___|/|___|___|/|___|___| |___|__|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|___|,|___|___| |___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___|

16-Descrição _____

8- |___| |___|___|/|___|___|/|___|___| |___|__|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|___|,|___|___| |___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___|

16-Descrição _____

10-|___| |___|___|/|___|___|/|___|___| |___|__|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|___|,|___|___| |___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___|

16-Descrição _____

11-|___| |___|___|/|___|___|/|___|___| |___|__|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|___|,|___|___| |___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___|

16-Descrição _____

12-|___| |___|___|/|___|___|/|___|___| |___|__|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|___|,|___|___| |___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___|

16-Descrição _____

13-|___| |___|___|/|___|___|/|___|___| |___|__|:|___|___| a |___|___|:|___|___| |___|___| |___|___|___|___|___|___|___|___|___|___| |___|___|___|___|,|___|___| |___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___| |___|___|___|___|___|___|___|,|___|___|

16-Descrição _____

| 17 - Total Gases Medicinais R$ | 18 - Total Medicamentos R$ | 19 - Total Materiais R$ | 20 - Total Taxas Diversas R$ | 21 - Total Diárias R$ | 22 - Total Aluguéis R$ | 23 - Total Geral R$ |
|---|---|---|---|---|---|---|
| \|___\|___\|___\|___\|___\|___\|___\|,\|___\|___\| | \|___\|___\|___\|___\|___\|___\|___\|,\|___\|___\| | \|___\|___\|___\|___\|___\|___\|___\|,\|___\|___\| | \|___\|___\|___\|___\|___\|___\|___\|,\|___\|___\| | \|___\|___\|___\|___\|___\|___\|___\|,\|___\|___\| | \|___\|___\|___\|___\|___\|___\|___\|,\|___\|___\| | \|___\|___\|___\|___\|___\|___\|___\|,\|___\|___\| |