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|  | Área de Gobierno de Políticas Sociales | **Servicio de Igualdad, Diversidad Afectivo Sexual, Educación y Juventud** |

 |

**ANEXO 6**

**GASTOS DE PERSONAL**

Dª/D  en calidad de  con DNI nº  **declaro bajo mi responsabilidad** que los **COSTES DE PERSONAL[[1]](#footnote-1)** vinculados a los gastos de ejecución del Proyecto  **e imputable a la financiación otorgada por**       (cumplimentar un Anexo 6, por cada una de las Entidades *Financiadoras de la actividad), son los relacionados a continuación:*

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| ***Nombre del Trabajador*** | ***Categoría Profesional***  | ***Mes*** | ***Líquido*** | ***Seg. Social Empresa*** | ***Seg. Soc.******Trabajador*** | ***Retención IRPF*** | ***Coste******total*** | ***Cuantía €,******imputada***  |
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|  |  |  |  |  |  | **TOTAL** |       |       |

Santa Cruz de Tenerife a,      de      de 2

**FIRMADO**

1. Cumplimentar un Anexo 6 por cada Entidad Financiadora,

 [↑](#footnote-ref-1)