**SOLICITAÇÃO DE DIÁRIAS**

**(Lei n° 5043/2023 – Modelo III)**

**AUTORIZAÇÃO:**

Nome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cargo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BENEFICIÁRIO:**

Nome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Matrícula: \_\_\_\_\_\_\_\_\_\_\_\_

Cargo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JUSTIFICATIVA DO AFASTAMENTO:**

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| --- | --- | --- | --- | --- |
| LOCALIDADE | N° DE DIAS | PERÍODO (Data) | VALOR UNITÁRIO | VALOR TOTAL |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| TOTAL | | | |  |

**NOTA: É obrigatório a apresentação do Relatório de Viagem, no prazo máximo de 5 (cinco) dias úteis subsequentes, ao retorno para a sede. O descumprimento deste sujeitará o servidor, ao desconto integral imediato em folha, conforme art. 20, da lei 5043/2023.**

Recebi o numerário acima especificado em: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_.

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Assinatura do Autorizador

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assinatura do Beneficiário