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|  | DEMANDE D'AUTORISATION DE DEPENSE | | | | | | | | | | | | | | | | |  | | |
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|  | Direction | : | |  | | **Usine** | |  | |  | |  | |  | | |  | | |  | |
|  | Département | : | |  | | **Production** | |  | |  | |  | |  | | |  | | |  | |
|  | Service | : | |  | | **Beurrerie** | |  | |  | |  | | | | | | | |  | |
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|  | Dépense de fonctionnement | x | |  | | |  |  |  | | --- | --- | --- | | **Date** | | | | **03** | **12** | **2020** |   Avis et visa service Comptabilité | | | | | | | | | | | |  | | |
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|  | Dépense d'investissement |  | |  | | |
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|  | Achat petit matériel |  | |  | | |
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|  | **Objet de la dépense** | | | |  | | Délai de réception souhaité | | | | | |  | | |  | |  | | |
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|  | Joindre une note séparée en cas d’insuffisance de cet espace | | | | | |  | |  | |  | |  | | |  | |  | | |
|  | |  |  | | --- | --- | | **Dépenses d’huissier notaire**  02 PV emballages bloqués au MMP (arrivages septembre et novembre)  01 PV PF bloqué au MQ suite au problème détermination (arrivage septembre)  01 PV charges opérationnelles suite au problème détermination |  | | | | | | | | | | | | | | | | | |  | | |
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|  | **Justificatif de la dépense** | | | |  | |  | |  | |  | |  | | |  | |  | | |
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|  |  | x | | Dépense budgétisée | | |  | |  | | Dépense non budgétisée\* | | | | |  | |  | | |
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|  | \*les dépenses non budgétisées nécessitent la validation de la DG (voir note de procédure) | | | | | | | | | | | | | | |  | |  | | |
|  | Proposition fournisseurs / prestataires de services | | | | | | | |  | |  | |  | | |  | |  | | |
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|  | 1- |  |  | |  | |  | |  | |  | |  | | |  | |  | | |
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|  | 3- |  |  | |  | |  | |  | |  | |  | | |  | |  | | |
|  | 4- |  |  | |  | |  | |  | |  | |  | | |  | |  | | |
|  | Nom Demandeur | | | | Nom Chef hiérarchique | | | |  | | Nom Directeur | | | | |  | |  | | |
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| AVIS DE L'ENTITE GESTIONNAIRE DU BUDGET | | | | | | | | | | | | |
| (A remplir au cas où le service demandeur ne gère pas le budget) | | | | | | | | | | | | |
|  | | Dépense budgétisée | | | |  |  | |  | Dépense non budgétisée\* | | |
|  | |  | |  | |  |  | |  |  | | |
| \*les dépenses non budgétisées nécessitent la validation de la DG (voir note de procédure) | | | | | | | | | | | | |
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|  | | Avis Favorable | | | |  |  | | |  | Avis Défavorable\*\* | |
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| \*\*En cas d’avis défavorable, retourner la « DAD » au service demandeur | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Nom du responsable de gestion du budget | | | | | | | | | |  | Nom Directeur | |
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| Date et Signature | | | | |  |  |  | | |  | Date et Signature | |
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| **Pour les dépenses d'investissement :** | | | | | | | | | | | | |
| **Avis Contrôle de Gestion** | | | | | |  |  |  | | | |  |
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| **Avis DGA Site** | | | | | |  |  |  | | | |  |
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|  | **Visa DGA :** | | | | | | | | | | | |
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