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|  | DEMANDE D'AUTORISATION DE DEPENSE | | | | | | | | | | | | | | | | |  | | | |
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|  |  |  | |  | |  | |  | | |  | | | Date 29/09/2021 |  |  | | | |  | | | |
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|  | Direction | : | |  | |  | |  | | |  | | |  |  |  | | | |  | | | |
|  | Département | : | |  | |  | |  | | |  | | |  |  |  | | | |  | | | |
|  | Service | : | |  | |  | |  | | |  | | |  | | | | | |  | | | |
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|  | Dépense de fonctionnement |  | |  | | |  |  |  | | --- | --- | --- | | **Date** | | | | **29** | **09** | **2021** |   Avis et visa service Comptabilité | | | | | | | | | | | |  | | | |
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|  | Dépense d'investissement | X | |  | | | |
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|  | Achat petit matériel |  | |  | | | |
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|  | **Objet de la dépense** | | | |  | | | | Délai de réception souhaité | | | | | |  | |  | | | |  | | | |
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|  |  | | | | | | | |  | | |  | …………07…………..Jours | |  | |  | | | |  | | | |
|  | Joindre une note séparée en cas d’insuffisance de cet espace | | | | | | | |  | | |  |  | |  | |  | | | |  | | | |
|  | **Etude paysagère Société Délice des Eaux Minérales :**   * Diagnostic et analyse de l’état des lieux des espaces verts à concevoir. * Dossier APS : Une variante de l’étude de l’aménagement paysager sous forme d’un Avant-Projet Sommaire qui doit être validé par SDEM. * Dossier d’exécution (dossier d’Apelle d’offre). * Dossier confidentielle. | | | | | | | | | | | | | | |  | | |  | | | |
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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. **SOPAT** | | | | | |  | | |  | | |  | |  | |  | | | |  | | | |
|  | 1. **……..** | | | | | |  | | |  | | |  | |  | |  | | | |  | | | |
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|  | Nom Demandeur | | | | Nom Chef Hiérarchique | | | | |  | | | Nom Directeur | | |  | | |  | | | |
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|  | Date et Signature |  |  | | Date et Signature | |  | | |  | | | Date et Signature | |  | |  | | | |  | | | |

Avis et visa de l’équipe HACCP en cas de dépense touchant la sécurité alimentaire

Avis et visa du responsable SST en cas de dépense touchant la santé et la sécurité au travail

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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 | | | | | | | | | | | | |
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| Nom du responsable de gestion du budget | | | | | | | | | |  | Nom Directeur | |
|  | | |  |  | |  |  | | |  |  | |
| Date et Signature | | | | |  |  |  | | |  | Date et Signature | |
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| **Pour les dépenses d'investissement :** | | | | | | | | | | | | |
| **Avis Contrôle de Gestion** | | | | | |  |  |  | | | |  |
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|  | | Intitulé centre du coût :   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Centre de coût** | | | | | | | | |  | **Objet** | | | | | |  | **ss-compte** | | | | | |  | **Date** | | | | **2** | **0** | **0** | **1** | **0** | **2** | **0** | **0** | **0** |  | **2** | **3** | **0** | **0** | **0** | **0** |  | **2** | **2** | **2** | **7** | **1** | **0** |  |  |  | **2020** |   **Budget alloué : DT**  **Visa Contrôle de Gestion :** | | | | | | | | | | |
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| **Avis DGA Site** | | | | | |  |  |  | | | |  |
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|  | **Visa DGA :** | | | | | | | | | | | |
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