**Código Guía de Servicios 3153**

**Otorgamiento de representación para la presentación telemática de facturas relativas a la prestación económica Vinculadas a Personas con Discapacidad.**

**Solicitante**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | Apellidos, nombre |  | **NIF** | |  |  |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Tipo vía |  | Vía |  | Número |  | Kilómetro |  | Bloque |  | Portal |  | Escalera |  | Planta |  | Puerta | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Provincia |  | Municipio |  | Localidad |  | Código postal | |  |  |  |  |  |  |  | | | |  |  |  | | --- | --- | --- | | Teléfono |  | Correo electrónico | |  |  |  |   ***REPRESENTANTE***   |  | | --- | |  | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Primer apellido | | |  | Segundo apellido | | |  | Nombre | | |  | | |  |  | | |  |  | | | DNI/NIF/NIE/ |  | Teléfono | | |  | Correo electrónico | | | |  |  |  | | |  |  | | | | | |

**Datos del Expediente**

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| --- | --- | --- |
| **Expediente Vinculada:** |  |  |

|  |  |
| --- | --- |
| **Centro:** |  |

**Servicio:**

|  |  |
| --- | --- |
| □ SEPAP Servicio de Promoción Autonomia Personal | □ Atención Residencial |
| □ SAD Servicio de Ayuda a Domicilio | □ Centro de Día |

**Otorga su representación a:**

|  |  |  |
| --- | --- | --- |
| Razon Social de la Entidad |  | **NIF** |
|  |  |  |

**Autorización**

La presente autorización se limita a la PRESENTACIÓN POR MEDIOS TELEMÁTICOS AL IMAS de las facturas acreditativas del pago del servicio por el que el representado tiene reconocida la prestación vinculada.

Con la firma del presente escrito el representante acepta la representación conferida y responde de la autenticidad de la firma del/de los otorgante/s.

El presente documento tendrá validez en tanto en cuanto no se notifique su revocación expresa por el otorgante o persona legalmente autorizada al efecto.

**Normativa de referencia:**

* Ley 39/2015, de 1 de octubre, del Procedimiento Administrativo Común de las Administraciones Públicas.
* Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia

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| **El otorgante:**  Fdo:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **El representante:**  Fdo:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**IMAS. Instituto Murciano de Acción Social**

Dirección General de Personas con Discapacidad

Alonso Espejo nº7.3007. Murcia.