**Anexo XV**

**Certificación de la relación de justificantes de gasto o inversión (PROGRAMA 4)**

Número de expediente:

Persona beneficiaria:

Agente gestor de la rehabilitación habilitado número:

| **Nº Orden** | **Capítulo subvencionable** | **Número factura** | **Descripción** | **Proveedor** | **Fecha** | **Importe sin IVA** | **Importe total** | **Fecha de pago** |
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Lo que certifico, en cumplimiento de lo dispuesto en el artículo 17 de la Orden de bases y el resuelvo decimotercero de la resolución de convocatoria de las ayudas, y de acuerdo a las funciones asumidas en el acuerdo con la persona beneficiaria, al amparo del artículo 9 de la orden de bases reguladoras.

El agente gestor de la rehabilitación habilitado nº           .

Fecha,           .

Firma