



**PAYMENT LIST - SPCINE  
ORDINANCE No. 01/2015, OF JUNE 30, 2015**

<b>PROJECT NAME:</b>							<b>ANNEX III</b>	
<b>NAME OF THE BIDDER:</b>								
<b>CONTRACT No.:</b>								
<b>AMOUNT RECEIVED: R\$</b>								
<b>TOTAL AMOUNT OF EARNINGS: R\$</b>								
ITEM	NAME OF THE SERVICE PROVIDER	CNPJ/CPF	INVOICE NUMBER	INVOICE CODE	ISSUE DATE	MUNICIPALITY	STATE	EXECUTED AMOUNT
<b>TOTAL</b>								
<b>PLACE AND DATE</b>			<b>SIGNATURE OF THE BIDDER/PERSON IN CHARGE.</b>					
....., 20.....			_____ signature					
			Name of the Bidder/Person in charge					