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| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |   **1. Outil de financement : Droits de tirage Réf Décision:**  **2. Cadre de financement :**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Individuel** |  | **Collectif Régional** |  | **Collectif National** |  |   **3. Activité à financer :**   |  |  |  | | --- | --- | --- | | **Thème**:……………………………………………………  ……………………………………………………………. | **Réf Action**: |  |   **4. Demande de règlement :**  Je soussigné(e) Mr (Mme)(le 1er Responsable) ………………………………….………Fonction:………………………...  Représentant de l'Entreprise/Partenaire ……………………………………………………………………………………. .   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Matricule Fiscale : |  |  |  |  |  |  |  |  |  |  |  |  |  |   Certifie que la structure de formation ………………………………………………… N°d'enregistrement ………………   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Matricule Fiscale : |  |  |  |  |  |  |  |  |  |  |  |  |  |   a réalisé l'activité de formation indiquée ci dessus, et ce conformément aux conditions de financement et aux références pédagogiques prévues, je reconnais aussi la véracité des pièces jointes, et à cet effet je demande au Centre National de Formation Continue et de Promotion professionnelle de procéder au règlement de cette prestation objet de la facture  n° : ….………………………………..…, en date du : ……….……………………....….……au profit de :  - l’Entreprise/Partenaire (Raison sociale):…………………………………………………………………………………………….  Ou  - la Structure de formation ( Raison sociale):………………………………………………………………………………..  du montant de ……………………….…….(en toutes lettres)………………………………………………………….....   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Sur le compte bancaire |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Banque : ……………….……….... |   **Date ……/……/………**  **cachet et signature de L'Entreprise/Partenaire**  **(Nom et Prénom du 1er Responsable**)   |  |  | | --- | --- | | **Réservé à l'administration** | | | **Unité régionale** | **Division Audit et contrôle** | | **Remarque du responsable** | **Remarque du cadre responsable du dossier :** | |  |  | |