Lugar y fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A favor de: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CC \_\_\_ NIT \_\_\_ Nº \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_ Por valor de \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Por concepto de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Banco** | **Cuenta** | **Nº De Cheque** | **Valor** |
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| **IMPUTACION PRESUPUESTAL** | **IMPUTACION PRESUPUESTAL** |
| CODIGO | ORDINAL | DEPENDENCIA | VALOR | CODIGO | ORDINAL | DEPENDENCIA | VALOR |
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| **DESCUENTOS** | **RETENCION EN LA FUENTE** |
| **CONCEPTO** | **VALOR** | **CONCEPTO** | **VALOR** |
| BASE VALOR | Suministros |  |
| HOSPITAL HERASMO MEOZ |  | Contr. Obra |  |
| Estampillas Pro-Desarrollo |  | Servicios |  |
| Estampillas Pro-Ancianos |  | Honorarios |  |
| Estampillas Fronterizo |  | Otros |  |
| Estampilla Pro-Cultura |  | BASE IVA | (50%) |
| RETEICA |  |  |  |
| Otro Descuento |  |  |  |
| **NETO A PAGAR $** |  |
| **Tesorero,** | Recibí, (Firma Y C.C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |