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

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Banco** | | | **Cuenta** | | **Nº De Cheque** | | | **Valor** | |
|  | | |  | |  | | |  | |
|  | | |  | |  | | |  | |
|  | | |  | |  | | |  | |
|  | | |  | |  | | |  | |
| **IMPUTACION PRESUPUESTAL** | | | | | | **IMPUTACION PRESUPUESTAL** | | | |
| CODIGO | ORDINAL | DEPENDENCIA | | VALOR | | CODIGO | ORDINAL | DEPENDENCIA | VALOR |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
| **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)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |