

# Contra recibo

FECHA

12

9

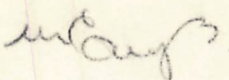
24

NUMERO

RECIBIMOS DE:

Indelek

| NUMERO | FECHA | IMPORTE  | OBSERVACION |
|--------|-------|----------|-------------|
| 39809  |       | 31.32    |             |
| 39788  |       | 1,014.25 |             |
| 39542  |       | 1,643.24 |             |
| 39524  |       | 291.80   |             |
| 39501  |       | 1,801.46 |             |
| 39679  |       | 526.38   |             |
| 39653  |       | 357.01   |             |
| 39654  |       | 64.59    |             |
| 39637  |       | 486.96   |             |
| 39766  | TOTAL | 1,747.19 |             |

|                                                                                     |   |   |   |   |   |   |                 |               |
|-------------------------------------------------------------------------------------|---|---|---|---|---|---|-----------------|---------------|
| DIAS                                                                                | L | M | M | J | V | S | HORARIO         | FECHA DE PAGO |
| REVISION                                                                            |   |   |   | * |   |   | DE 16 A 17 HRS. | 12   10   24  |
| PAGO                                                                                |   |   |   | * |   |   | DE 16 A 17 HRS. |               |
| FIRMA                                                                               |   |   |   |   |   |   |                 | SELLO         |
|  |   |   |   |   |   |   |                 |               |

ORIGINAL: AMARILLO PROVEEDOR - COPIA BLANCA ANEXAR FACTURA

**Office DEPOT.**

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Compte rendu

NO. 1000

TOTAL

DEBIT

NO.

DATE

REMARKS

REMARKS

REMARKS

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