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| **FACULTAD DE CIENCIAS EXACTAS Y NATURALES** | | | | | | | | | | | | | | | | | | | | |
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| **SOLICITUD DE PAGO DIRECTO A PROVEEDOR** | | | | | | | | | | | | | | | | | | | | |
|  | | |  |  |  | | | | | | |  |  | | | | | | | |
| DEPENDENCIA/SECTOR: | | | | | FECHA SOLICITUD: | | | | | | | | | | | | | | | |
| Departamento, Dirección, Instituto, etc | | | | | | | | | | | | | | | | | | | | |
| JUSTIFICACIÓN / DESTINO DEL GASTO: | | | | | | | | | | | | | | | | | | | | |
| Fecha | Nº Ticket/  Factura | Razón Social/proveedor | | | | | Cantidad | | | | | | |  | | | Costo Total | | | |
| Costo unitario | | |
|  |  |  | | | | |  | | | | | | |  | | | 0 | | | |
|  |  |  | | | | |  | | | | | | |  | | | 0 | | | |
|  |  |  |  | **TOTAL A PAGAR** | | | | | | | | | |  | | | **0** | | | |
| DATOS PARA TRANSFERENCIA BANCARIA | | | | | |  | | | | | |  |  | | |  | | |  | |
| CBU: |  |  |  |  |  |  | | | | | |  |  | | |  | | |  | |
| BANCO: |  |  |  |  |  |  | | | | | |  |  | | |  | | |  | |
| CUIT PROVEEDOR: | |  |  |  |  |  | | | | | |  |  | | |  | | |  | |
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| Quien suscribe la presente deja constancia que : | | | | | | | | |  | |  | | | | |  | | |  | |
| El/los bienes fueron recibidos de conformidad | | | | | |  | | |  | |  | | | | |  | | |  | |
| Se certifica los servicios realizados por el proveedor | | | | | |  | | |  | |  | | | | |  | | |  | |
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|  | | |  |  | | | | | | |  | | --- | | Responsable del Área | | | | | | | | | | |
|  | | |  |  | | | | | | (firma y sello) | | | | | | | | | |

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| PASE A LA DIRECCIÓN GENERAL ADMINISTRATIVA | | | | | | | | |  |  |
| ESTA SECRETARÍA DE HACIENDA Y SUPERVISIÓN ADMINISTRATIVA AUTORIZA EL PAGO DIRECTO AL PROVEEDOR. | | | | | | | | |  |  |
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|  |  |  |  |  |  |  |  | (firma y sello) | | |
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