

LICENCIA SANITARIA 04-08A095

Orden de trabajo No. 1

| Fecha Orden: | 04-06-2024 | | | Fecha Pro | gramada: | | 05-06-2024 | | | |
|---------------------|-----------------------|--------------|-----------|-----------|-------------|-------------------------------|--------------------|-------|------------|--|
| Nombre Comercial: _ | Abarrotes | | | | Hora: | 0 | 9:00 AM A 09:15 AM | | M | |
| Nombre Personal: | Maricruz Piña Sanchez | | | | Telefono: | 6361255070 | | | | |
| Domicilio: | Av. | aaaaaaaaaaaa | na #111 | | Colonia: | Colonia: primerademayo #31807 | | | 807 | |
| Localizacion: | | | | aaaaaaaa | aaaaaa | | | | | |
| Lugar: | | | Ciudad: | | 1 | | Plagas: _ | cuca | rachas y | |
| Observaciones: | | | | aaaaaaaaa | aaaaaaaaa | | | cuc | arachas | |
| Presupuest | 0 | Fumigar | | Garantia | | Cortesia | | Otros | | |
| Producto Interno: | | | | | Externo: _ | | | | | |
| Fumigador | | | | | \$Contiza | acion | | | | |
| Require de: | F | actura | Cert | ificado | | Remision | | Nada | | |
| Ultima Fumigacion: | | | | | | | | | | |
| Forma de contacto: | | facebook | | Pasado | a bitacora: | | | | | |
| Calle del Abeto 22 | 201 Col. | Alamedas | Tel.636-6 | 94-65-15 | Nuev | o Casas Gi | andes, Chil | ıu. | C.P. 31704 | |



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| Fecha Orden: | 04-06-202 | Fecha Prog | Fecha Programada: | | | 05-06-2024 | | |
| Nombre Comercial: | | | _ Hora: | 09:00 AM A 09:15 AM | | | | |
| | | | | Telefono: 6361255070 | | | | |
| Domicilio: | Av. aaaaaa | aaaaaaa #111 | | Colonia: | | primerademayo #31807 | | |
| Localizacion: | | | aaaaaaaaa | ıaaaaa | | | | |
| Lugar:r | | | | 1 | | Plagas: _ | cuca | rachas y |
| Observaciones: | | | aaaaaaaaaa | aaaaaaaa | | | cuc | arachas |
| Presupuesto | _ | migar (| Garantia | | Cortesia | | Otros | |
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| Fumigador | | | | \$Contiza | cion | | | |
| Require de: | Factura | | Certificado | | Remision | | Nada | |
| Ultima Fumigacion: | | | | | | | | |
| Forma de contacto: | orma de contacto: facebook | | | | | | | |
| Calle del Abeto No. | 2201 Col. Ala | medas Tel | .636-694-65-15 | Nue | vo Casas C | Grandes, Chi | ihu. | C.P. 31704 |