

logo

# COMPROBANTE DE CAJA

FOLIO

Nº 3

HOJA 1/1

**INFORMACION DEL PAGO**

Nº COBRANZA	9263715	Nº PREINGRESO	58
AGENCIA	(23) Puerto Montt	CLIENTE	(E63) A.F.C. Chile S.A.
RESPONSABLE	9999	FECHA	25-08-2025 23:05:28
NOMBRE	CORP. MUNIC. DE QUINCHAO PARA LA EDUC. SALUD		
R.U.T.	71.164.300-1	TIPO PAGO	1

**DETALLE DEL PAGO**

Nº	DOCUMENTO	PERIODO	CAPITAL	INTERES	REAJUSTE	RECARGO	A PAGO
1	000000002301050	05/2023	\$ 65.554	\$ 17.870	\$ 65.503	\$ 36.518	\$ 185.395
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				A RENDIR		\$ 185.395	
				GASTOS		\$ 1.300	
				HONORARIOS		\$ 9.398	
				PROCURADURIA		\$ 940	
				TOTAL AFECTO		\$ 10.338	
				IVA		\$ 1.964	
				TOTAL		\$ 198.997	