|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EXPEDIENTE | | | | | | | | Fecha: XX/XX/XXXX  nº ---  código: X X | |
| IMPS  Fotheringham 107  8300, Neuquén, Neuquén  (0299) 4435049  info@imps.org.ar | | | |  | Origen:  Responsable:  Destino: | | | [Sin Especificar]  [Sin Especificar]  [Sin Especificar] | |
| Descripcion: | [Descripción del trabajo] | | | | | | | | |
|  | | | | | | | | | |
| Cantidad | | Nº de elemento | | | | Descripción | Precio unitario | | Total de línea |
|  | |  | | | |  |  | |  |
|  | |  | | | |  |  | |  |
|  | |  | | | |  |  | |  |
|  | |  | | | |  |  | |  |
|  | |  | | | |  |  | |  |
|  | |  | | | |  |  | |  |
|  | |  | | | |  |  | |  |
|  | |  | | | |  |  | |  |
|  | |  | | | |  |  | |  |
|  | |  | | | |  |  | |  |
|  | |  | | | |  |  | |  |
|  | |  | | | |  |  | |  |
|  | |  | | | |  |  | |  |
|  | |  | | | |  |  | |  |
|  | |  | | | |  |  | |  |
|  | |  | | | |  |  | |  |
|  | |  | | | |  |  | |  |
|  | |  | | | |  |  | |  |
|  | |  | | | |  |  | |  |
|  | |  | | | |  |  | |  |
| Subtotal | | | | | | | | |  |
| Impuesto sobre ventas | | | | | | | | |  |
| Total | | | | | | | | |  |
|  | | |  | | | | |  | |

Instituto Municipal de Previsión Social.