PONTIFICIA UNIVERSIDAD CATÓLICA MADRE Y MAESTRA

DIRECCIÓN ADMINISTRATIVA

SERVICIOS TÉCNICOS Y ADMINISTRATIVOS

FORMULARIO PARA CONFECCIÓN DE FACTURAS

|  |  |  |  |
| --- | --- | --- | --- |
| Fecha |  |  |  |

|  |  |
| --- | --- |
| Nombre de la persona o empresa |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| RNC / Cédula |  |  |  |  |  |  |  |  |  |  |  |

**DIRECCIÓN**

|  |  |
| --- | --- |
| Calle |  |
| Sector |  |
| Ciudad |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Teléfono/s |  | Extensión/es |  |

**CONTACTO**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nombre persona de contacto |  | | | | | | | | |
| Posición |  | | | | | | | | |
|  |  |  |  |  |  |  | | |
| Dirigirse a esta persona como | Lcdo./a |  | Ing. |  | Dr./a |  | Sr./a |  |
|  |  | | | | | | | | |

**TIPO DE NCF (NÚMERO DE COMPROBANTE FISCAL) A FACTURAR**

|  |  |  |  |
| --- | --- | --- | --- |
| Crédito Fiscal |  | Comprobante Gubernamental |  |
|  |  |
| Régimen Especial |  | Consumidor Final |  |
|  |  |
| Nota de Crédito |  | Nota de Débito |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yo |  | | Posición |  | | |
| Me comprometo en nombre de esta empresa a cubrir el | | | | |  | **%** |
| Por concepto de | |  | | | | |
| Costo | |  | | | | |

|  |  |
| --- | --- |
| Comentarios adicionales: |  |
|  | |
|  | |
|  | |