**REMISIÓN DEL PEDIDO**



**COORDINACIÓN DE**

**CALIDAD DE INSUMOS Y LABORATORIOS ESPECIALIZADOS**

**FOLIO REMISIÓN**

**FECHA REMISIÓN**

**CONTRATO No.**

**RAZON SOCIAL Y DOMICILIO DEL PROVEEDOR**

**LUGAR**

**FECHA DEL CONTRATO**

**PLAZO**

**1/1**

**LUGAR DE ENTREGA**

**GRUPO**

**IMSS**

**RAMO**

**R.F.C.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No. Partida** | **CANTIDAD** | **UNIDAD** | **CLAVE** | **DESCRIPCIÓN** | **IMPORTE** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  | 16% I.V.A. |  |

**IMPORTE**

**TOTAL**

**$**

**DATOS COMPLEMENTARIOS**

**CLASIFICACIÓN PRESUPUESTAL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No. DE PROVEEDOR** | | | |  |  | C | cir | loc | inm | t.sT.S | E. | u | R. | CTA | Part. pres | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |