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| **DEPENDENCIA** |
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| ***SOLICITUD DE PAGO DE SERVICIOS, BIENES Y TRANSFERENCIAS*** | | | | | | ***Req. Nro.:*** |
| Loja, | | | | | | |
| Señor | | | | | | |
| **DIRECTOR FINANCIERO DE LA UNIVERSIDAD NACIONAL DE LOJA** | | | | | | |
| Ciudad. | | | | | | |
| Por el presente autorizo que se | | | | | | |
| **A:** | | | | | | |
| **RUC**: | | | | | | |
| **POR CONCEPTO DE:** | | | | | | |
| **DETALLE** | | | | **CANTIDAD** | **V/UNITARIO** | **V/TOTAL** |
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| **TOTAL A PAGAR:** | | | |  |  |  |
| Son: | | | | | | |
| **ORDENADOR DE GASTO:** | | | | **ORDENADOR DE PAGO:** | | |
| F………………………………………………. | | | | F………………………………………………. | | |
| Ing. Nikolay Aguirre M., PhD | | | | Dr. Edgar Betancourth J., | | |
| **RECTOR(A) / DIRECTOR(A) ADMINISTRATIVO** | | | | **DIRECTOR(A) FINANCIERO(A)** | | |
| **FECHA:** | | | | **FECHA:** | | |
| **RESPONSABLE DEL CONTROL PREVIO**  **COMPROMISO** | | | | **RESPONSABLE DEL CONTROL PREVIO**  **DEVENGADO** | | |
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| F……………………………………………….. | | | | F………………………………………………… | | |
| NOMBRES | | | | NOMBRES | | |
| FECHA: | | CUR N°: | | FECHA: | | CUR N°: |
| **AUTORIZADO PARA PRESENTACIÓN** | | | | | | |
| **F: NOMBRE:** | | | | | | |