



RUC.: 0190360636001

**FACTURA**

**No.: 001-003-000027502**

**NUMERO DE AUTORIZACIÓN**

1301202201019036063600120010030000275027020796017

**FECHA Y HORA DE AUTORIZACION**

2022-01-14 16:54:52

**AMBIENTE: PRODUCCION**

**C L A V E D E A C C E S O**



1301202201019036063600120010030000275027020796017

**REPRESENTACIONES PEDRO ARANEDA FERRER  
E HIJOS CIA. LTDA.**

Dir. Matriz: JUAN INIGUEZ 2-34 Y GONZALO CORDERO

Dir. Sucursal: : JUAN INIGUEZ NUMERO: 2-34

Teléfono: 072812462

Obligado Contabilidad: SI

Contribuyente Especial Nro 000287

Razon Social: LOJA - MEDICAL SAS

RUC/CI: 1191792730001

Fecha Emisión: 13/01/2022

Guía de Remisión:

Dirección MANUEL IGNACIO MONTERO Y ALFRESCO MORREYS LOJA0964013990 Teléfono: 0964013990

| Cod. Principal | Descripción   | Registro Sanitario | Cant. | Precio Unitario | Descuento | Precio Total |
|----------------|---|--------------------|-------|-----------------|-----------|--------------|
| QCA995025      | GLICOHEMOGLOBINA AUTOMATICA 40 ML QCA (212520-30.07.2023)                     | 173-RBE-0914       | 1.00  | 288.98          | 0.00      | 288.98       |
| BD367820       | TUBO TAPA ROJA 10 ML, CJA X 100 PLASTICO (1200205-31.07.2023)                 | DM-0371-07-03      | 5.00  | 17.55           | 0.00      | 87.75        |
| IHP-602-B      | HELICOBACTER PYLORI EN HECES CASEETE BIOPROVA CAJA X 20 (20210401-28.04.2023) |                    | 20.00 | 2.72            | 0.00      | 54.40        |
| 6437206190     | FT3 G3 E411 (54718003-31.08.2022)   | 164-RBE-0914       | 1.00  | 376.00          | 0.00      | 376.00       |
| 8429324190     | TSH ELECSYS COVAS E 200 V2 (57429803-30.09.2022)                              | 4035-DME-0618      | 1.00  | 376.00          | 0.00      | 376.00       |
| 11662970122    | CLEANCELL ELECSYS (55977201-31.03.2023)                                       | AD-248-1-05-11     | 4.00  | 136.00          | 0.00      | 544.00       |
| 11662988122    | PROCELL ELECSYS (54504701-31.01.2023)   | AD-248-1-05-11     | 4.00  | 136.00          | 0.00      | 544.00       |
| QCA999500      | GOT AST UV LIQUIDA 2 X 125 ML QCA (212570-30.09.2023)                         | AD-196-03-11       | 1.00  | 42.00           | 0.00      | 42.00        |
| QCA994020      | ACIDO URICO LIQUIDO 3 X 100 ML QCA (210470-31.01.2023)                        | AD-196-03-11       | 1.00  | 33.00           | 0.00      | 33.00        |
| 3145611001     | CELLPACK 20 L SYSMEX (P1047-18.10.2022)                                       | AD-102-03-10       | 1.00  | 253.00          | 0.00      | 253.00       |
| PH100402       | APTT-XL (TTP) X 4 ML FRASCO (284599-30.04.2023)                               | AG-0349-05-03      | 1.00  | 8.65            | 0.00      | 8.65         |
| IHBSG-402      | HEPATITIS B HBSAG CASETTE JUS (W/S/P) CAJA X 40 (HBSG21060013-01.06.2023)     | 7335-DME-0719      | 40.00 | 1.05            | 0.00      | 42.00        |
| FLETE ENVIO    | FLETE   |                    | 1.00  | 10.00           | 0.00      | 10.00        |

| Cod. Principal  | Descripción | Registro Sanitario | Cant.  | Precio Unitario | Descuento | Precio Total    |            |       |       |        |  |          |   |   |
|---|-------------|--------------------|--------|-----------------|-----------|-----------------|------------|-------|-------|--------|--|----------|---|---|
| <b>Información Adicional</b>  |             |                    |        |                 |           |                 |            |       |       |        |  |          |   |   |
| Email: lojamedicals.a.s@mail.com  |             |                    |        |                 |           |                 |            |       |       |        |  |          |   |   |
| <table border="1"> <thead> <tr> <th>Forma Pago</th> <th>Valor</th> <th>Plazo</th> <th>Tiempo</th> </tr> </thead> <tbody> <tr> <td>OTROS CON UTILIZACIÓN DEL SISTEMA FINANCIERO</td> <td>2,978.95</td> <td>0</td> <td>0</td> </tr> </tbody> </table> |             |                    |        |                 |           |                 | Forma Pago | Valor | Plazo | Tiempo | OTROS CON UTILIZACIÓN DEL SISTEMA FINANCIERO | 2,978.95 | 0 | 0 |
| Forma Pago  | Valor       | Plazo              | Tiempo |                 |           |                 |            |       |       |        |  |          |   |   |
| OTROS CON UTILIZACIÓN DEL SISTEMA FINANCIERO  | 2,978.95    | 0                  | 0      |                 |           |                 |            |       |       |        |  |          |   |   |
| SUBTOTAL SIN DESCUENTOS   |             |                    |        |                 |           | 2,659.78        |            |       |       |        |  |          |   |   |
| VALOR DESCUENTOS  |             |                    |        |                 |           | 0.00            |            |       |       |        |  |          |   |   |
| VALOR DESCUENTO ADICIO.   |             |                    |        |                 |           | 0.00            |            |       |       |        |  |          |   |   |
| SUBTOTAL 12%  |             |                    |        |                 |           | 2,659.78        |            |       |       |        |  |          |   |   |
| SUBTOTAL 0%   |             |                    |        |                 |           | 0.00            |            |       |       |        |  |          |   |   |
| SUBTOTAL No objeto de IVA   |             |                    |        |                 |           | 0.00            |            |       |       |        |  |          |   |   |
| SUBTOTAL SIN IMPUESTOS  |             |                    |        |                 |           | 2,659.78        |            |       |       |        |  |          |   |   |
| ICE   |             |                    |        |                 |           | 0.00            |            |       |       |        |  |          |   |   |
| IVA 12%   |             |                    |        |                 |           | 319.17          |            |       |       |        |  |          |   |   |
| <b>VALOR TOTAL</b>  |             |                    |        |                 |           | <b>2,978.95</b> |            |       |       |        |  |          |   |   |

Favor cancelar con cheque y/o depositar  
EN LA CTA CTE No 3456761904 DEL BANCO DEL PICHINCHA  
A NOMBRE DE: REPRESENTACIONES PEDRO ARANEDA FERRER E HIJOS CIA LTDA  
NOTIFICAR: eliza.naula@araneda.com.ec Whatsapp: 0984 736 699