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|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>R.U.C.: 1105906406001</b><br><br><b>F A C T U R A</b><br><br><b>No. : 001-001-000027712</b><br><br><b>NUMERO DE AUTORIZACION</b><br>2703202501110590640600120010010000277120000000116<br><br><b>FECHA Y HORA DE AUTORIZACION</b><br>2025-03-27T21:49:35-05:00<br><br><b>AMBIENTE : PRODUCCION</b><br><br><b>EMISION : NORMAL</b><br><br><b>CLAVE DE ACCESO</b><br><br>2703202501110590640600120010010000277120000000116 |
|                                                                                   | <b>CHICAIZA NOBOA EMILY NATHALIA</b><br><b>Direccion Matriz: LOJA / LOJA / SUCRE / LOS PALTAS Y MANUEL CARRION PINZANO</b><br><b>OBLIGADO A LLEVAR CONTABILIDAD : NO</b><br><b>Dir Sucursal :LOJA / LOJA / SUCRE / LOS PALTAS Y MANUEL CARRION PINZANO</b><br><b>CONTRIBUYENTE RÉGIMEN RIMPE</b>                                                                                                                                                                                                             |

|                                     |            |                  |            |
|-------------------------------------|------------|------------------|------------|
| Razon Social / Nombres y Apellidos: |            | CONSUMIDOR FINAL |            |
| Identificacion:                     | 9999999999 | Fecha Emision:   | 27/03/2025 |
| Guia Remision:                      |            | Direccion:       | LOJA       |
| Telefono :                          |            | Email:           |            |

| Cod. Principal                                                                                              | Cant. | Descripcion                  | Detalle Adicional         | Precio Unitario | Descuento | Precio Total |
|-------------------------------------------------------------------------------------------------------------|-------|------------------------------|---------------------------|-----------------|-----------|--------------|
| 941                                                                                                         | 2.00  | NOGRIP COMP X 20             |                           | 0.40            | 0.00      | 0.80         |
| 1116                                                                                                        | 2.00  | RESFRINH CAPX100             |                           | 0.25            | 0.04      | 0.46         |
| 433                                                                                                         | 1.00  | GENFARGRIP NOCHE X 24        |                           | 0.50            | 0.00      | 0.50         |
| 432                                                                                                         | 1.00  | GENFARGRIP DIA SOBRES X 24   |                           | 0.50            | 0.00      | 0.50         |
| 1819                                                                                                        | 1.00  | PROXINA X20TAB DAVINT        |                           | 0.30            | 0.00      | 0.30         |
| 1693                                                                                                        | 1.00  | PADOLOR X20TAB               |                           | 0.39            | 0.09      | 0.30         |
| 619                                                                                                         | 1.00  | RECOLECTOR MUESTRAS HECES X1 |                           | 0.15            | 0.00      | 0.15         |
| 552                                                                                                         | 1.00  | RECOLECTOR MUESTRA ORINA X1  |                           | 0.25            | 0.00      | 0.25         |
| INFORMACION ADICIONAL :                                                                                     |       |                              | SUBTOTAL 12%              |                 |           | 0.00         |
| BODEGA : PRINCIPAL<br>VENDEDOR:<br>OBSERVACIONES: null<br>TIPO: 1<br>CODIGO: 27941<br>Fecha Maxima de Pago: |       |                              | SUBTOTAL 0%               |                 |           | 3.26         |
|                                                                                                             |       |                              | SUBTOTAL NO objeto de IVA |                 |           | 0.00         |
|                                                                                                             |       |                              | SUBTOTAL Exento de IVA    |                 |           | 0.00         |
|                                                                                                             |       |                              | SUBTOTAL SIN IMPUESTOS    |                 |           | 3.26         |
|                                                                                                             |       |                              | TOTAL Descuento           |                 |           | 0.13         |
|                                                                                                             |       |                              | ICE                       |                 |           | 0.00         |
|                                                                                                             |       |                              | IVA 12%                   |                 |           | 0.00         |
| VALOR TOTAL                                                                                                 |       |                              | 3.26                      |                 |           |              |
| Formas de Pago                                                                                              |       | Valor                        | Plazo                     | U.Tiempo        |           |              |
| SIN UTILIZACION DEL SISTEMA FINANCIERO                                                                      |       | 3.26                         |                           |                 |           |              |