Formato de hoja de cobro

Número de hoja de cobro

Nombre de la organización implementadora

Pueblo

 Fecha:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Número de serie** | **Numero documento identidad del beneficiario** | **Nombre del beneficiario**  | **Hombre/Mujer** | **Número de miembros del hogar** | **Importe total a entregar** | **Importe total recibido** | **Firma del beneficiario** |
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| **Modo de pago**  | **Numero** |  | **Preparado por**  |  |  | **Aprobado por**  |  |
| Transferencia bancaria |  | Firma |  | Firma |  |
| Cheque |  | Nombre |  | Nombre |  |
| Efectivo |  |  | Cargo |  | Cargo |  |
| **Total** |  |  | Fecha |  | Fecha |  |