**MUNICIPALIDAD DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPARTAMENTO DE \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPARTAMENTO DE CONTROL TRIBUTARIO**

**CONTROL DE PLAN DE PAGOS**

Contribuyente\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clave\_\_\_\_\_\_\_\_\_\_\_\_\_

Monto del Plan de pago\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cuota\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha de Vencimiento\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **Nº** | **Fecha** | **Recibo No.** | **Valor pagado** | **Saldo** | **F. Posteador** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
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| **10** |  |  |  |  |  |
| **11** |  |  |  |  |  |
| **12** |  |  |  |  |  |
|  | **TOTAL** |  |  |  |  |