|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Nombre o razón social** | | | | **NIF/CIF** | |  | |
| Dirección/teléfono/correo/etc. | | | | **Nº recibo** | |  | |
| **Fecha Emisión** | |  | |
|  |  |  |  |  |  |  |  |
| **Recibí de:** | Nombre y apellidos | | | **DNI/NIF/CIF/** | \*\*\*\*\*\*\*\* | | |
| **La suma de:** | Cantidad en letras | | | | | | |
|  | | | | | | | |
| **Como Honorarios por concepto de:** | |  | | | | | |
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|  |  |  |  |  |  |  |  |
|  | |  | | **Total** | |  | |
|
|  | | **IVA** | **21,00%** |  | |