

No. EXPEDIENTE

ASC-DAF-CD-2026-0009

Fecha de emisión: 25/2/2026

Ayuntamiento del Municipio de San Cristóbal

ORDEN DE SERVICIOS

UNIDAD OPERATIVA DE COMPRAS Y CONTRATACIONES

No. Orden: ASC-2026-00019

Descripción: **ADQUISICIÓN DE ARREGLOS FLORALES PARA ACTIVIDADES CONMEMORATIVA DE FEBRERO Y MARZO.**

Modalidad de compras: **Compras por Debajo del Umbral**

Datos del Proveedor

Razón social: **Rita Nathali Castro Rosa**

RNC: **00201806122**

Nombre comercial: **Rita Nathali Castro Rosa**

Domicilio comercial: **Constitucion, 91000 - , REPÚBLICA DOMINICANA**

Teléfono: **829-338-0752**

Datos Generales del Contrato

Anticipo: **0%**

Forma de pago:

Plazo de pago con recepción conforme:

Monto total: **71,744.00**

Moneda: **DOP**

Detalle

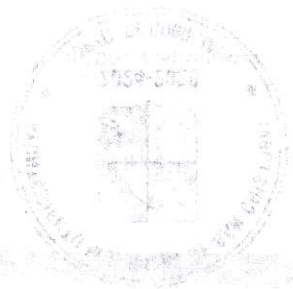
FIRMA RESPONSABLE AUTORIZADO


Firma

Nombre y Apellido


Firma
Nombre y Apellido

ASC-DAF-CD-2026-0009



THE STATE OF OHIO,)
COUNTY OF _____)
ss. I, _____, Clerk of the Court of Common Pleas for and in said County, do hereby certify that the within and foregoing is a true and correct copy of the _____ of _____, as the same appears from the records of said Court.

Witness my hand and the seal of said Court, this _____ day of _____, 19____.

Clerk of the Court of Common Pleas for and in said County.

Notary Public for the State of Ohio.

Attorney at Law.

Witness my hand and the seal of said Court, this _____ day of _____, 19____.

Clerk of the Court of Common Pleas for and in said County.

THE STATE OF OHIO,)
COUNTY OF _____)
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Attorney at Law.

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Clerk of the Court of Common Pleas for and in said County.

Item	Código	Descripción	Cantidad	Unidad	Precio Unit s/ITBIS	Imp Moneda Orig s/ITBIS	% Descuento	ITBIS Moneda Orig	Otros Impuestos Moneda Orig	Sub Total Moneda Orig
1	4910170 8	ADQUISICIÓN DE ARREGLOS FLORALES PARA ACTIVIDADES CONMEMORATIVA DE FEBRERO Y MARZO.	4.00	UD	17,936.00	71,744.00		0.00	0.00	71,744.00

Subtotal \$	71,744.00
Total Descuentos \$	0.00
Total ITBIS \$	0.00
Total Otros Impuestos \$	0.00
Total \$	71,744.00

Observaciones:

Plan de entrega				
Ítem	Descripción	Dirección de entrega	Cantidad requerida	Fecha necesidad

FIRMA RESPONSABLE AUTORIZADO



 Firma
 Nombre y Apellido
 Floria



 Firma
 Nombre y Apellido
 Floria

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[REDACTED]

[REDACTED]

CONFIDENTIAL

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/19/01 BY 60322
EXCEPT WHERE SHOWN
OTHERWISE

[REDACTED]

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