Eletrobras
Eletronorte

GUIA DE OUTRAS DESPESAS

1 - Registro ANS	2 - Nº Guia Referenciada
40.196-0	

Dados do Contratado Executante

3 - Código na Operadora / CNPJ / CPF	4 - Nome do Contratado	5- Código CNES
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|		

Código de Despesas Realizadas CD = 1-Gases Medicinais 2-Medicamentos 3-Materiais 4-Taxas Diversas 5-Diárias 6-Aluguéis

6-CD	7-Data	8-Hora Inicial	9-Hora Final	10-Tabela	11-Código do Item	12-Qtde.	13-% Red. / Acresc.	14-Valor Unitário - R$	15-Valor Total - R$
1-	|___|/|___|/|___|	|___|:|___|	a |___|:|___|	|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição	_____							
2-	|___|/|___|/|___|	|___|:|___|	a |___|:|___|	|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição	_____							
3-	|___|/|___|/|___|	|___|:|___|	a |___|:|___|	|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição	_____							
4-	|___|/|___|/|___|	|___|:|___|	a |___|:|___|	|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição	_____							
5-	|___|/|___|/|___|	|___|:|___|	a |___|:|___|	|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição	_____							
6-	|___|/|___|/|___|	|___|:|___|	a |___|:|___|	|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição	_____							
7-	|___|/|___|/|___|	|___|:|___|	a |___|:|___|	|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição	_____							
8-	|___|/|___|/|___|	|___|:|___|	a |___|:|___|	|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição	_____							
8-	|___|/|___|/|___|	|___|:|___|	a |___|:|___|	|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição	_____							
10-	|___|/|___|/|___|	|___|:|___|	a |___|:|___|	|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição	_____							
11-	|___|/|___|/|___|	|___|:|___|	a |___|:|___|	|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição	_____							
12-	|___|/|___|/|___|	|___|:|___|	a |___|:|___|	|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição	_____							
13-	|___|/|___|/|___|	|___|:|___|	a |___|:|___|	|___|	|___|___|___|___|___|___|___|___|___|___|	|___|___|___|___|,|___|	|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|,|___|___|
	16-Descrição	_____							

17 - Total Gases Medicinais R$	18 - Total Medicamentos R$	19 - Total Materiais R$	20 - Total Taxas Diversas R$	21 - Total Diárias R$	22 - Total Aluguéis R$	23 - Total Geral R$
|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|,|___|___|	|___|___|___|___|___|___|___|,|___|___|