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|  | | **Gobernación de Nariño**  **Secretaria General**  **Subsecretaría Administrativa** | | | | | | | | | |  | |
| Formato de Solicitud de Apoyo Logístico Para la Realización de Eventos | | | | | | | | | |
| Secretaria o Dependencia: | |  | | | **Concepto** | | | | | | C.D.P No |  | |
| Subsecretaria: | |  | | |  | | | | | | Cuenta No |  | |
| Responsable: | |  | | | Valor C.D.P. |  | |
| **ITEM** | **EVENTO** | | **LUGAR** | **DÍA** | | **MES** | **AÑO** | **HORA** | **PRODUCTO** | **TIPO** | | | **CANTIDAD** |
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Nombre de Jefe de Dependencia Nombre Quien Elabora Vo. Bo. Secretaria General

Firma Jefe de Dependencia \*Original

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|  | | **Gobernación de Nariño**  **Secretaria General**  **Subsecretaría Administrativa** | | | | | | | | | |  | |
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Nombre Jefe de Dependencia Nombre: Quien Elabora Vo. Bo. Secretaria General

Firma Jefe de Dependencia \*Copia