| **NÚMERO DE SOLICITUD** |  |
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| **FECHA:** |  |
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| **TIPO DE SUMINISTRO** | | | | | | | |
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| Marque con una X el tipo de suministro de elementos que requiere | | | | | | | |
| **CAFETERÍA /ASEO** |  | **PAPELERÍA** |  | **FERRETERÍA** |  | **ELÉCTRICOS** |  |

| **DEPENDENCIA:** |  |
| --- | --- |
| **RESPONSABLE:** |  |
| **CARGO:** |  |

| **ITEM** | **NOMBRE DEL ELEMENTO O ARTÍCULO** | **UNIDAD DE MEDIDA** | **CANTIDAD** | **OBSERVACIONES** |
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| **Firma jefe de Dependencia** | **Firma Subsecretaria Administrativa** |
| --- | --- |
| Nombre: | Nombre: |
| Cargo: | **Subsecretaria Administrativa** |