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| \\Mpramirez\mis documentos\Mis imágenes\Logo Igac_color_vert.jpg | | | SALIDA DE BIENES DEL INSTITUTO GESTIÓN ADMINISTRATIVA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | FECHA | | | | | | | |
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| Dependencia solicitante: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Señor(a) Subdirector Administrativo y Financiero atentamente solicito se autorice la salida del(los) siguiente(s) bien(es): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nombre de la persona que retira el(los) bien(es) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| El(los) bien(es), se reintegra(n) al Instituto | | | | | | | | | | | | | | | Si | |  | | | | No | | | | | | | |  | | | Retiro/Ingreso permanente | | | | | | | | | | | | | | | | | | | | | | Si |  | | | No |  |  | | | |
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| Reporte Seguro | | | | Si | |  | No | | | | |  | | Lugar de destino | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Recorrido | | | |  | | | | | | | | | | | | |  | |
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| Razón por la cual se retira(n) el(los) bien(es): | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | Nombre Jefe Dependencia Solicitante | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Firma | | | | | | | | | | | | | | | | | | | | | | |  | |
| **NOTA:** Una vez efectuado el reintegro del(los) bien(es) favor devolver este formato al proceso de Gestión Administrativa. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PARA USO EXCLUSIVO GESTIÓN ADMINISTRATIVA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Señores portería: La persona arriba relacionada está autorizada para retirar el(los) bien(es) descrito(s). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Nombre del Funcionario(a) que autoriza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Firma | | | | | | | | | | | | | | | | | | | | | | |  | | |
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