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San Juan de Pasto

Nombre Jefe de Dependencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Con destino a la Oficina de\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Que requiere los siguientes elementos:

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| **Cantidad Solicitada** | **Cantidad Entregada** | **Detalle** |
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**Recibí conforme Vo. Bo. Jefe de Dependencia**

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CC.

**Autorizado Almacén­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**