|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Lugar y fecha: | | |  |  | | | | | | | | | | | | | |  | No.: |  |  | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Unidad Administrativa: | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Cantidad Autorizada | | | Descripción | | | | | | | | | | | | | | | | | Renglón Presupuestario | | |
|  |  | | |  | | | | | | | | | | | | | | | | |  | | |
|  |  | | |  | | | | | | | | | | | | | | | | |  | | |
|  |  | | |  | | | | | | | | | | | | | | | | |  | | |
|  |  | | |  | | | | | | | | | | | | | | | | |  | | |
|  |  | | |  | | | | | | | | | | | | | | | | |  | | |
|  |  | | |  | | | | | | | | | | | | | | | | |  | | |
|  |  | | |  | | | | | | | | | | | | | | | | |  | | |
|  |  | | |  | | | | | | | | | | | | | | | | |  | | |
|  |  | | |  | | | | | | | | | | | | | | | | |  | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |
|  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |
|  |  | | | Razón: | | | | | | | | | | | | | | | | |  | | |
|  |  | | |  | | |
|  |  | | |  | | |
|  |  | | |  | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Solicitante: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | *(Nombre, Firma y Cargo)* | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Autorizado: | |  |  |  |  |  |  |  |  |  |  |  | Vo. Bo. | |  |  |  |  |  |  |  |  |
|  |  |  | *(Nombre, Firma, Cargo y Sello)* | | | | | | | | |  |  |  |  | *(Nombre, Firma, Cargo y Sello)* | | | | | | | |
|  |  |  |  |  |  |  |