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| **RESPONSABLE:** | | *Nombre/Dirección, Unidad o Departamento* | | | | | | | | |
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| **No.** | **Evento** | **Objetivo** | **Beneficiarios** | **Facilitador** | **Costo Unitario** | **Costo Total** | **Fecha Programada** | **Entidad Cooperante que Financia el Evento** | **Producto /Subproducto POA** | **Observaciones** |
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|  |  |  |  | **TOTALES** | Q0.00 | Q0.00 |  |  |  |  |  |