**Anexo 2**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SOLICITUD DE REPOSICIÓN DE** | | | | | | | | | | | | | | | | |
| **FONDO FIJO DE GASTOS DE ALIMENTACIÓN Y/O CANCELACIÓN DEL MISMO** | | | | | | | | | | | | | | | | |
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|  |  |  |  |  | |  | | **SOLICITUD NUMERO** | | | |  | |  | |
|  |  |  |  |  | |  | |  | | REPOSICIÓN | |  | |  | |
|  |  |  |  |  | |  | | TIPO DE RELACIÓN | | CANCELACIÓN | |  | |  | |
|  | **DATOS DEL FONDO** | |  |  | |  | |  | |  | |  | |  | |
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|  | ASIGNADO AL ÁREA: | |  | | | | | | | | |  | |  | |
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|  | |  | | --- | | DE FECHA MES/DÍA/AÑO | |  |  |  | | IMPORTE SOLICITADO A REPOSICIÓN | | | | | | $0.00 | |  | |
|  | NOMBRE DEL RESPONSABLE/ SOLICITANTE | | | |  | |  | | | | | |  | |  | |
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|  | **RELACIÓN DE COMPROBANTES REMITIDOS A VALIDACIÓN Y/O PAGO** | | | | | | | |  | |  | |  | |  | |
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|  | **NUMERO CONSECUTIVO** | **PROGRAMA SUBPROGRAMA** | **FOLIO COMPROBANTE** | **FECHA (D/M/A)** | | **DENOMINACIÓN O RAZÓN SOCIAL** | | **CONCEPTO DEL GASTO** | | **IMPORTE TOTAL** | | **PARTIDA PRESUPUESTAL** | |  | |
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|  |  |  |  |  | |  | | SUBTOTAL | |  | |  | |  | |
|  |  |  |  |  | |  | | DEPOSITO EN EFECTIVO | |  | |  | |  | |
|  |  |  |  |  | |  | | TOTAL | |  | |  | |  | |
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|  | RESPONSABLE Y SOLICITANTE  DEL REEMBOLSO | | | |  | |  | | AUTORIZA REEMBOLSAR | | | | | |  | |
|  |  | | | |  | |  | | |  | | --- | |  | | | | | | |  | |
|  | NOMBRE CARGO | | | |  | |  | | SECRETARIA DE FINANZAS Y TESORERÍA | | | | | |  | |