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| **NOMBRE SOLICITANTE** | **Daniela Torres Parra** |
| **CENTRO DE COSTO** | **03-004** |
| **DEPARTAMENTO** | **Prevención de Riesgos** |
| **FECHA** | **04/04/25** |

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| **INSUMOS O ARTICULOS DE LIBRERÍA** | | |
| **DESCRIPCIÓN INSUMO SOLICITADO** | **CANTIDAD** | **OBSERVACIÓN** |
| **Pila AA** | **1** |  |
| **Toalla Nova** | **1** |  |
| **Caja Mascarilla** | **1** |  |
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| **NOMBRE Y FIRMA**  **QUIEN RETIRA** |  |