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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** |  |