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| **NOMBRE SOLICITANTE** | **ITALO SANZANA MONTOYA** |
| **CENTRO DE COSTO** | 03-012 |
| **DEPARTAMENTO** | **DEPARTAMENTO TI** |
| **FECHA** | **20/08/2025** |

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| **INSUMOS O ARTICULOS DE LIBRERÍA** | | |
| **DESCRIPCIÓN INSUMO SOLICITADO** | **CANTIDAD** | **OBSERVACIÓN** |
| **Alcohol Isopropilico** | **2** |  |
| **Lapiz Pasta Azul** | **5** |  |
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| **NOMBRE Y FIRMA**  **QUIEN RETIRA** |  |