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| **ÍTEM** | **NOMBRE** | **N° CÓDIGO DE BARRA** | **TRÁMITE** | **FOLIOS** | **Recibo a Satisfacción** | |
| **SI** | **NO** |
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**SEDE O SECCIONAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FECHA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **FIRMAS DE ACEPTACIÓN** | |
| Entrega sede o seccional: Nombre del funcionario legible | Firma:  Fecha: |
| Recibe quien transporta los doc: Nombre de funcionario legible | Firma:  Fecha: |
| Recibe Dir. Registros Públicos: Nombre de funcionario legible | Firma:  Fecha: |
| Recibe Coord. Gestión Documental: Nombre de funcionario legible | Firma:  Fecha: |