

Dirección de Proveeduria y Servicios

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| **SOLICITUD DE CANCELACIÓN DE CONTRATO** | | | | |
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|  |  |  | FECHA DE AVISO DE CANCELACIÓN | |
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| PLANTEL O DEPENDENCIA |  |  |  |  |
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| NOMBRE DEL PROVEEDOR |  |  |  |  |
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| FOABUC |  | DICTÁMEN |  | NÚMERO DE CONTRATO |
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| **MOTIVO DE LA CANCELACIÓN** | | | | |
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|  | NOMBRE Y FIRMA DEL DIRECTOR | | |  |
|  | O SECRETARIO ADMINISTRATIVO Y SELLO DEL PLANTEL Y/O DEPENDENCIA | | |  |
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