**COMPROBACIÓN VIATICOS DELEGADOS FORANEOS**

**FECHA DE ENTREGA : \_\_\_\_\_\_\_\_\_\_\_**

**DATOS MAESTRO:**

**NOMBRE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DELEGACION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RECIBI DEL SINDICATO DE TRABAJADORES ACADEMICOS DE LA UNIVERSIDAD DE SONORA**

**CANTIDAD: \_\_\_\_\_\_\_\_\_\_\_ (SON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

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

**PARA ASISTIR A EVENTO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EL DIA: \_\_\_\_\_\_\_\_\_\_\_**

**DESGLOSE DETALLADO DE COMPROBANTES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FECHA** | **NUMERO DE FACTURA** | **PROVEEDOR** | **CONCEPTO** | **IMPORTE** |
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|  |  |  | **TOTAL COMPROBADO** |  |
|  |  |  | **IMPORTE RECIBIDO** |  |
|  |  |  | **SALDO A DEVOLVER** |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FIRMA**