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| **Dependencia / Entidad** |  |

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| **Tipo de baja** |  | **Al Almacén** |  |  | **Entre Dependencias** |  |  | **Definitiva** |  |

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| **Fecha** |  |  | **Cantidad de bienes** |  |  | **Folio de autorización** |  |
|  | | | | | | | **Lo emite la Contraloría del Estado** |

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| **Partida** | **Número Inventario** | **Descripción** | **Marca** | **Serie** | **Motivo** | **Para ser llenado por el Verificador** | | | | | | |
| **Física** | | | **Funcional** | | | **Estatus** |
| **B** | **R** | **M** | **B** | **R** | **M** |
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| Condiciones físicas y funcionales | B=Bueno | verde | R=Regular | amarillo | M=Malo | rojo | NA=No Aceptado | negro | NP=No Presentado | naranja |

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| **OBSERVACIONES:** |

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| **Dependencia/ EntidadSolicitante** | | | **Dep. /Ent. Destino** | **Contraloría del Estado** | |
| **Firma** | **Elaboró** | **Visto Bueno** | **Aceptó** | **Aprobó** | **Autorizó** |
|  |  |  |  |  |
| **Nombre** |  |  |  | **C. P. CARLOS ESTEBAN GALLEGOS ESPINOZA** | **C. P. DAVID QUEZADA MORA** |
| **Puesto** | **Administrativo** | **Titular** | **Administrativo** | **Director General Patrimonial y Contraloría Social** | **Contralor del Estado** |
|  |  |  | **Llenar éste espacio sóloen caso de transferencia entre Dependencias y/o Entidades** |  |  |

**NOTA: Tratándose de baja al Almacén:**

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| * Autorizada la presente con el folio respectivo, se otorgan 5 días hábiles como máximo para depositar los bienes en el Almacén General del Estado. * Esta baja surtirá efecto hasta que los bienes sean recibidos físicamente en el almacén general del estado a entera satisfacción de la Contraloría. |