|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nombre de la Esc.** | | |  | | | | **C.C.T.** | |  | |
| **ZONA ESC.** |  | **SECTOR:** | |  | **DIRECCION:** |  | | **MES COMPROBADO:** | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MONTO ASIGNADO** | **NO. DE LA FACTURA o FOLIO FISCAL (LOS ULTIMOS CINCO DIGITOS)** | **FECHA DE COMPRA** | **NOMBRE DEL PROVEEDOR** | **MONTO DE LA FACTURA** |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | TOTAL | $ |

.

***ANVERSO: FIRMAS DE DIRECTOR, COOR. DE ALIMENTO, APF, CONAPASE, CONTRALORIA SOCIAL, Vo.Bo. SUPERVISOR.***