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| **Fecha de solicitud** |
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| **Acuerdo:** |  |
| **No.** |  |
| **Fecha** |  |

**Entidad Prestadora**

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| **Clave de URES** |  | **Nombre de URES** |  |
| **Nombre** |  |
| **País** |  | **Estado** |  | **Municipio** |  |
| **Calle** |  | **No. Interior** |  | **No. Exterior** |  | **Código Postal** |  |

**Entidad Receptora**

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| **Clave de URES** |  | **Nombre de URES** |  |
| **Nombre** |  |
| **País** |  | **Estado** |  | **Municipio** |  |
| **Calle** |  | **No. Interior** |  | **No. Exterior** |  | **Código Postal** |  |

**Conceptos de facturación:**

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| --- | --- | --- | --- | --- |
| **Cantidad** | **Unidad** | **Concepto/Descripción** | **Valor unitario** | **Importe** |
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| **Observaciones** |
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