**UNIVERSIDAD AUTÓNOMA DE ZACATECAS**

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**UNIDAD ACADÉMICA DE CONTADURÍA Y ADMINISTRACIÓN**

**REPORTE BIMENSUAL DE SERVICIO SOCIAL**

FO-SAC.05-28 FORMATO DE REPORTE BIMENSUAL

Nombre del prestador\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Matrícula\_\_\_\_\_\_\_\_\_\_ Tel. celular del P.S.S\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No de Reporte\_\_\_\_\_\_\_\_\_

Meses\_\_\_\_\_\_\_\_\_\_ Horario asignado\_\_\_\_\_\_\_\_\_\_ Lugar asignado\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departamento/Área asignada\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre del jefe inmediato\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre del asesor externo\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teléfono del departamento/área asignada\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Somos Arte, Ciencia y Desarrollo Cultural

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| Actividades Realizadas | Horas |
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Total de horas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| CALIFICACIÓN |

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Porcentaje de asistencia

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OBSERVACIONES.

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Firma del Prestador de S.S. Firma del Asesor externo Sello de la dependencia