**UNIVERSIDAD AUTÓNOMA DE ZACATECAS**

****

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

Semestre: \_\_\_\_\_\_\_\_\_Grupo: \_\_\_\_\_\_\_\_  Programa Academico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Somos Arte, Ciencia y Desarrollo Cultural

|  |  |
| --- | --- |
| Actividades Realizadas | Horas |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Total de horas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| CALIFICACIÓN |

.

Porcentaje de asistencia

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OBSERVACIONES.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma del Prestador de S.S. Firma del jefe inmediato Sello de la dependencia