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| CONTROL DE MATERIAL | | | **FECHA: 9/08/2019** | |
| NOMBRE Y APELLIDO | **EMPRESA** | **MATERIAL** | **HORA ENTREGA** | **HORA DEVOLUCIÓN** |
| LABORATORIO | BUNGE | W5 | 6:05 | **NO ENTREGADO**  **PERMANENTE** |
| JUAN CARLOS | INGAISVER | W4 | 7:15 | 15:00 |
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