|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Universidad de San Carlos | | |  |  |  |  |  |
| de Guatemala | | |  |  |  |  | **Form. AB-USAC-06** |
|  | | |  |  |  |  |  |
|  | **FORMULARIO DE CONTROL DE PAGOS** | | | | | | |
|  | | | | | | | |
|  |  |  |  |  |  |  | **No ${no}-${year}** |
| **Unidad:** Programa EPSUM | | | | | | | |
| **Nombre Completo:** ${name} ${fsurname} ${ssurname} | | | | | | **Carnet:** ${carne} | |
| **Registro de Personal:** | | | | | | **DPI:** ${dpi} | |
| **No. de Gestión de Provisión del Gasto para Ayuda Becaria: ${noc}-${yearc}** | | | | | | | |
|  |  |  |  |  |  | (Cuando no es trabajador (a) o estudiante (a)) | |
| **Orden** | | **Descripción** | **Si** | **No** | **N/A** | **Folio** | **Observaciones** |
|
| **1** | | Formulario Pago de Ayuda Becaria (Form. AB-USAC-04) Original |  |  |  |  | No.: De Fecha: |
| **2** | | Informe de Avance (según contrato) Original |  |  |  |  | De Fecha: |
| **3** | | Formulario Gestión de Provisión del Gasto para Ayuda Becaria (Form.AB-USAC-03) Copia |  |  |  |  | No.: De Fecha: |
|  | | **PUNTO DE CONTROL 2** |  |  |  |  | Firma: sello |
| **4** | | Formulario Pago de Ayuda Becaria (Form. AB-USAC-04) copia |  |  |  |  | No.: De Fecha: |
| **5** | | Copia de cheque voucher del pago efectuado |  |  |  |  | No.: De Fecha: |
|  | | **PUNTO DE CONTROL 3** |  |  |  |  | Firma: sello |
| Folios Adjuntos: | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | OBSERVACIONES: | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 1/2 Expediente 2/2 Auditoría Interna | | | | | | | |