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| ***No. DE EMPLEADO*** | | | ***NOMBRE DE EMPLEADO*** | | | | ***DEPARTAMENTO*** | | | | | | *RESGUARDO No.* | |
|  | | |  | | | |  | | | | | | **R 001** | |
|  | FECHA ADQUIS. | No. CONTROL | | CANT. | DESCRIPCIÓN | MARCA | | SERIE | UBICACIÓN | No. DE O. C. | No. DE PÓLIZA | IMPORTE | | OBSERVACIONES |
| 1 |  |  | |  |  |  | |  |  |  |  |  | |  |
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| **“EL EMPLEADO ES RESPONSABLE DEL ACTIVO ANTES DESCRITO, RESPONSABILIZANDOSE DE LA INTEGRIDAD DEL MISMO HASTA QUE SE REQUIERA SER TRASPASADO, DADO DE BAJA O DEVUELTO, EN EL ENTENDIDO DE QUE, EN EL CASO DE HACER MAL MANEJO, USO INADECUADO O PÉRDIDA SIN JUSTIFICACIÓN, SE LE DESCONTARÁ EL VALOR DEL EQUIPO VÍA NÓMINA”.** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **MEXICALI, B. C. A** | | | **(DÍA)** | **DE** | | **(MES)** | | **DEL** | | **(AÑO)** | |  | | | | |
|  | ***ACEPTO Y ME HAGO RESPONSABLE*** | | | | | | | | |  | | ***AUTORIZÓ*** | | | | | | | | |  | |
|  | | | | | | | | |  | | | | | | | | |
| **(NOMBRE DEL EMPLEADO)** | | | | | | | | | **RESPONSABLE DE RESGUARDO EN DEPARTAMENTO** | | | | | | | | |
| DÍA: |  | MES: |  | | AÑO: |  | | | DÍA: | |  | | MES: | |  | AÑO: |  |