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| Ticket. |  | | | | |  | | | | | | | Fecha. | |  | |
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| **INFORMACIÓN GENERAL** | | | | | | | | | | | | | | | | |
| Cliente Interno. | | | | |  | |  | Puesto. | |  | | | | | |  |
|  | | | | | | | |  | | | | | | | | |
| Sucursal. | | | |  | | |  | Área. |  | | | | | | |  |
|  | | | | | | | |  | | | | | | | | |
| Hora inicio. | | | |  | | |  | Hora finalización. | | | | | |  | |  |
|  | | | | | | | |  | | | | | | | | |
| **DATOS DEL EQUIPO.** | | | | | | | | | | | | | | | | |
| Equipo. | |  | | | | |  | Capacidad. | | |  | | | | | |
| Marca. | | |  | | | |  | Resolución. | | | |  | | | | |
| Modelo. | | |  | | | |  | No. Serie. | | | |  | | | | |

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| **REPORTE.** |

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| **SOLUCION.** |

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Servicio realizado por:

***Recibe de conformidad por Comercial de Carnes Frías del Norte S.A DE C.V***

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| Firma. |  |  |
| Nombre. |  |  |
| Puesto. |  |  |
| No. de empleado. |  |  |

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| Nombre y firma de sistemas. |  | Nombre y firma de Gerente. |

Fecha de Entrega Servicio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha de Recepción: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Nombre y firma de auditoría. |
| Fecha de Recepción a Validar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fecha de Entrega Validación : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |