|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **FORMATO** | | |  |
| **ACTA DE CUMPLIDO DE COMISION** | | |
| Código: GH-FT-15 | Versión: 2 | Fecha: 13/04/2021 |

|  |
| --- |
| El SUSCRITO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **HACE CONSTAR QUE:**  El señor (Nombre Funcionario): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C.C. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cargo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entidad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Lugar de la Comisión: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Motivo de la Comisión: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Desde el día \_\_\_\_\_ del Mes \_\_\_\_\_\_ del año \_\_\_\_\_ a partir de las \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hasta las \_\_\_\_\_\_\_\_\_ del día \_\_\_\_\_ del Mes \_\_\_\_\_\_\_ del año \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FIRMA REPRESENTANTE LEGAL /PERSONA QUE ATIENDE LA VISITA/FUNCIONARIO RESPONSABLE\*  C.C.  Tel o Cel. del Contacto  (\*Aplica únicamente para conductores) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **FORMATO** | | |  |
| **ACTA DE CUMPLIDO DE COMISION** | | |
| Código: GH-FT-15 | Versión: 2 | Fecha: 13/04/2021 |

|  |
| --- |
| El SUSCRITO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **HACE CONSTAR QUE:**  El señor (Nombre Funcionario): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C.C. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cargo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entidad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Lugar de la Comisión: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Motivo de la Comisión: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Desde el día \_\_\_\_\_ del Mes \_\_\_\_\_\_ del año \_\_\_\_\_ a partir de las \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hasta las \_\_\_\_\_\_\_\_\_ del día \_\_\_\_\_ del Mes \_\_\_\_\_\_\_ del año \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FIRMA REPRESENTANTE LEGAL /PERSONA QUE ATIENDE LA VISITA/FUNCIONARIO RESPONSABLE\*  C.C.  Tel o Cel. del Contacto  (\*Aplica únicamente para conductores) |