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| **FORMATO DE INTEGRACIÓN DE EXPEDIENTE DE APOYO ATENCIÓN A VÍCTIMAS** | | |
| **FECHA** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| NUC: \_\_\_\_\_\_\_\_\_ NUI: \_\_\_\_\_\_\_\_\_\_ CAUSA PENAL: \_\_\_\_\_\_\_\_\_\_ | | |
| **ELABORÓ:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **LUGAR:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **AUTORIZADO PARA:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **IMPORTE** | **$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | |
| **DOCUMENTACIÓN QUE INTEGRA EL EXPEDIENTE** | | |
| Solicitud por escrito Receta médica  Identificación Diagnóstico médico  Comprobante de dom  Cotización  Factura  RFC del proveedor  Certificado Defunción | | |
| **RECIBIÓ APROBÓ**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **NOMBRE Y FIRMA** | | **LIC. ALEJANDRA BASALDÚA AYALA**  **TITULAR DE LA COMISIÓN EJECUTIVA ESTATAL DE ATENCIÓN INTEGRAL A VÍCTIMAS** |
| **Vo. Bo.** | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **LIC. REBECA VEGA ARREOLA**  **SUBSECRETARIA DE**  **ENLACE INSTITUCIONAL Y VINCULACIÓN SOCIAL** | | |