**ACTA DE ENTREGA DE SERVICIO DE TRASLADO**

Trayecto: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **NOMBRE INICIATIVA :** |  | | |
| **INSTITUCIÓN :** |  | | |
| **ENCARGADO/A:** |  | **FIRMA :** |  |

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| **N°** | **NOMBRE** | **RUT** | **TELÉFONO** | **FIRMA** |
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