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| **Número de folio:** | | Fecha de préstamo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Para uso exclusivo de A de C*** | | | | Fecha de devolución: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Para uso exclusivo de A de C*** | | | | | | Fecha de prórroga: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Para uso exclusivo de A de C*** | | | |
| **DATOS DEL FUNCIONARIO AUTORIZADO PARA EL PRÉSTAMO O CONSULTA** | | | | | | | | | | | | | | | |
| Nombre y cargo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Unidad Administrativa y Área de adscripción: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Ubicación física: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Número telefónico y extensión: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Correo electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **DATOS DEL EXPEDIENTE *(APLICA CUANDO SE SOLICITAN EXPEDIENTES)*** | | | | | | | | | | | | | | | |
| No. del oficio de transferencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Fecha oficio de transferencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | No. de caja: \_\_\_\_\_\_\_\_\_\_\_ | |
| Nombre del expediente: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | Número consecutivo del exp.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Fechas extremas del expediente: \_\_\_\_\_\_\_\_\_\_\_\_ | | | No. de fojas: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | No. de legajos del exp. (cuando aplique): \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Clave de ubicación topográfica: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Para uso exclusivo de A de C*** | | | | | | | Estado físico del exp./caja : Bueno Malo Regular | | | | | | | | |
| **DATOS DE LA CAJA *(APLICA CUANDO SE SOLICITA LA CAJA COMPLETA)*** | | | | | | | | | | | | | | | |
| Número de caja solicitada: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total de expedientes al interior de la caja: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Registro de anomalías: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Observaciones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
|  | RECIBE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nombre y firma | | |  | | | | ENTREGA:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Responsable del Archivo de Concentración | | | | |  | | MODALIDAD:  Consulta externa |
| Consulta en sitio |

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|  | **DIRECCIÓN DEL CENTRO DE DOCUMENTACIÓN INSTITUCIONAL**  **ARCHIVO DE CONCENTRACIÓN**  **VALE DE PRÉSTAMO DE EXPEDIENTES SEMIACTIVOS** | **D:\Users\gerson.leon\Documents\SS2024\IMAGEN 2024\10.2 IMAGOTIPO\PNGS\SOBRE BLANCO - HORIZONTAL.png** |

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| **Número de folio:** | | Fecha de préstamo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Para uso exclusivo de A de C*** | | | | Fecha de devolución: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Para uso exclusivo de A de C*** | | | | | | Fecha de prórroga: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Para uso exclusivo de A de C*** | | | |
| **DATOS DEL FUNCIONARIO AUTORIZADO PARA EL PRÉSTAMO O CONSULTA** | | | | | | | | | | | | | | | |
| Nombre y cargo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Unidad Administrativa y Área de adscripción: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Ubicación física: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Número telefónico y extensión: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Correo electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **DATOS DEL EXPEDIENTE *(APLICA CUANDO SE SOLICITAN EXPEDIENTES)*** | | | | | | | | | | | | | | | |
| No. del oficio de transferencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Fecha oficio de transferencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | No. de caja: \_\_\_\_\_\_\_\_\_\_\_ | |
| Nombre del expediente: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | Número consecutivo del exp.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Fechas extremas del expediente: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | No. de fojas: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | No. de legajos del exp. (cuando aplique): \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Clave de ubicación topográfica: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Para uso exclusivo de A de C*** | | | | | | | Estado físico del exp./caja : Bueno Malo Regular | | | | | | | | |
| **DATOS DE LA CAJA *(APLICA CUANDO SE SOLICITA LA CAJA COMPLETA)*** | | | | | | | | | | | | | | | |
| Número de caja solicitada: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total de expedientes al interior de la caja: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Registro de anomalías: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Observaciones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
|  | RECIBE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nombre y firma | | | |  | | | ENTREGA:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Responsable del Archivo de Concentración | | | | |  | | MODALIDAD:  Consulta externa |
| Consulta en sitio |