SEMESTRE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CICLO ESCOLAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **REGISTRO DE IMPRESIONES DE LA SALA DE CÓMPUTO** | | | | |
| **FECHA** | **NOMBRE DE USUARIO** | **SEMESTRE Y GRUPO / CARGO** | **# IMPRESIONES** | **PAGO** |
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RESPONSABLE DEL CENTRO DE CÓMPUTO