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| SECRETARÍA GENERAL DE RELACIONES INTERINSTITUCIONALES | |  | |  | | **Director/a** |  | | | |
| **Resol. N°** | |  | | **Teléfono** |  | | | |
|  | | | | **E-mail** |  | | | |
| Nro. de Orden | Acreedor | | Factura Nº | | Nº de CUIT | | | Fecha de Pago | Importe Pagado | Importe Total |
| TOTAL INCISO 5 | | | | | | | | | |  |
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