**Datos de la Institución que aporta el recurso: *\* Obligatorio***

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| **RFC** |  |  |  |  |  |  |  |  |  |  |  |  |  | **Nombre fiscal** |  |
| **Correo electrónico** |  |
| **País** |  | **Estado** |  | **Municipio** |  |
| **Localidad/colonia** |  | **Código postal** |  |
| **Calle** |  | **No. interior** |  | **No. exterior** |  |
| **Teléfono** |  | **Persona** (marque con X) | **Moral** |  | **Física** |  |

**Concepto(s) de la(s) aportación(es):**

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| --- | --- | --- |
| **Clave SAT** | **Descripción** | **Monto** |
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| **Uso de CFDI:** |  |

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| --- | --- | --- |
|  | **Clave** | **Descripción** |
| **Forma de pago** |  |  |
| **Método de pago** |  |  |

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| **Comentarios** |
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| **Requisitos y/o documentos anexos**(marque con X) |  | **Orden de pago/Recibo** |
|  | **Depósito bancario original** |
|  | **Transferencia bancaria** |
|  | **Fotocopia C.I.F. (cedula fiscal)** |