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| **PROCESO** |  | | **FECHA** | |  |
| **DEPENDENCIA AUDITADA** |  | | **HORA** | |  |
| **RESPONSABLE** |  | | | | |
| **OBJETIVO** |  | | | | |
| **AUDITORES** |  | | | | |
|  |  | | | | |
| **Cuestionario/ Solicitudes** | | | | | |
| 1. xxxxxxxxxxxxxxxxxxxxxxxxxx. 2. xxxxxxxxxxxxxxxxxxxxxxxxx. 3. xxxxxxxxxxxxxxxxxxxxxxxxxx 4. xxxxxxxxxxxxxxxxxxxxxxxx.   xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx.  La oficina de Control Interno manifiesta que éste es un cuestionario inicial, y en caso de requerirse, se solicitará nueva información o documentación en el desarrollo de la auditoria. | | | | | |
| **COMPROMISOS** | | | | | |
| **COMPROMISO** | | **FECHA** | | **RESPONSABLE** | |
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| **–** | |  | | | |
| **FIRMAS** | | | | | |
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