**INFORMACIÓN FINANCIERA**

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| **Programa:** | | |
| **Docente:** | | |
| **Fecha:** | **Hora:** | **Cohorte/Grupo:** |
| **Módulo/Seminario/Taller:** | | |

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| **No.** | **NOMBRE COMPLETO** | **CÉDULA** | **INFORMACIÓN FINANCIERA** | | **FIRMA** |
| **Valor cancelado a la fecha.** | **Marque con un X si es beneficiario del Convenio FENNORTE** |  |
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| **No.** | **NOMBRE COMPLETO** | **CÉDULA** | **INFORMACIÓN FINANCIERA** | | **FIRMA** |
| **Valor cancelado a la fecha.** | **Marque con un X si es beneficiario del Convenio FENNORTE** |  |
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