**Recibo de pago**

Apoyo económico a personas sin relación laboral

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| Programa de apoyo | | | | | |  | | | | | | | | | | | | Primer pago | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. de dictamen | | | | |  | | | | | | | | | | | | Fecha de dictamen | | | | | | |  | | | | | |
|  | | | | | | | | | |  | | | |  | | | | | | | | |  | | | | | | |
| No. de tarjeta | | | |  | | | | | | | | | Pagos aprobados | | | | | |  | | Pago | | | | |  | | de |  |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Egresado | | | | |  |  | | | Alumno(a) | | | | |  | | |  |  | | | Otro | | | |  | | |
|  | | | |  | | | | | | | | | | | Código | | | |  | | |  | | | | Especifique | | | |
| Nombre del beneficiario | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Centro Universitario o Dependencia | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Fondo | Proyecto | Programa  P3e | | | | No. de cheque o transferencia | Importe |
|  |  |  |  |  |  |  |  |

R e c i b i

Municipio, Jal., a de de

Firma del beneficiario

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| --- | --- | --- | --- | --- |
| **Vo.Bo.**  ***PROFESOR INVESTIGADOR*** |  | **Revisó**  ***Secretario Administrativo*** |  | **Autorizó**  ***Rector del Centro*** |
| *Nombre y firma* |  | *MTRO. ADRIÁN GÓMEZ MEDRANO* |  | *DR. CARLOS BEAS ZARATE* |