**Formato solicitud de autorización de recepción de donativos en efectivo**

**(ARF-OIG-F-01)**

|  |  |
| --- | --- |
| **Fecha de solicitud:** |  |

 **Datos de la persona física o moral que aporta el recurso:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Persona** (marque con X) | Moral |  | **Física** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RFC** |  |  |  |  |  |  |  |  |  |  |  |  |  | **Nombre/ Razón social** |  |
| **Correo electrónico** |  |
| **País** |  | **Estado** |  | **Municipio** |  |
| **Localidad/colonia** |  | **Código postal** |  |
| **Calle** |  | **No. interior** |  | **No. exterior** |  |
| **Teléfono (s)** |  |

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

|  |  |
| --- | --- |
| **Descripción** | **Monto** |
|  |  |
|  |  |

 **Datos de la entidad académica o dependencia solicitante:**

|  |  |
| --- | --- |
| **Clave** | **Descripción** |
|  |  |

|  |  |
| --- | --- |
| **Nombre(s) de los) responsable(s)** | **Puesto(s)** |
|  |  |
|  |  |
| **Comentarios** |
|  |