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| **Nombre Dependencia:** |  | **No. Oficio de Revisión :** |  |  |
|  |  | **Fecha :** |  |  |

| **REFERENCIA PRINCIPIO MEMICI** | **ELEMENTOS** | **RECOMENDACIÓN** | **ACCIONES A IMPLEMENTAR** | **FECHA COMPROMISO** |
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| **COMPONENTE DE CONTROL INTERNO** | | | | |
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