



| AC'S VINCULANTES                                     |                                |             |
|------------------------------------------------------|--------------------------------|-------------|
| FORMATO DE REPORTE MENSUAL DE COMPROBACIÓN DE GASTOS |                                |             |
| Instituto José David, A.C.                           |                                |             |
| ene-23                                               |                                |             |
| 13/01/2023                                           | Acosta Anchondo Karina Lizetth | \$6,364.81  |
| 13/01/2023                                           | González Jiménez Jessica       | \$4,843.71  |
| 13/01/2023                                           | Porras Yañez Noemí             | \$6,564.82  |
| 13/01/2023                                           | Albarrán Rascón Carmen Yadira  | \$6,355.56  |
| 13/01/2023                                           | Acosta Anchondo Karina Lizetth | \$6,476.83  |
| 13/01/2023                                           | González Jiménez Jessica       | \$4,906.85  |
| 13/01/2023                                           | Porras Yañez Noemí             | \$6,684.37  |
| 13/01/2023                                           | Albarrán Rascón Carmen Yadira  | \$2,247.49  |
| Monto Total:                                         |                                | \$44,444.44 |

Responsable de la Comprobación:

Nombre: M.I.D.A. Paulina Tarango Yong

Firma:

Fecha de entrega 03-feb-23