**INSTITUTO TECNOLOGICO DE OCOTLÁN**

**DEPARTAMENTO DE RECURSOS MATERIALES Y SERVICIOS**

 **CATALOGO DE PROVEEDORES APROBADOS** **FECHA** dd/mm/aaaa.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Nombre del proveedor** | **R.F.C.** | **Domicilio** | **Núm. telefónico** | **Correo electrónico** | **Actividades comerciales** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |

 **ELABORA AUTORIZA**

|  |  |  |
| --- | --- | --- |
| Escribir Nombre.**DEPARTAMENTO DE RECURSOS MATERIALES Y SERVICIOS** |  | Escribir Nombre. **SUBDIRECTOR(A) DE SERVICIOS ADMINISTRATIVOS** |