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| **ACTA No.** |  | **FECHA:** | **HORA INICIO** |  | **LUGAR** |  |
|  | **HORA FIN** |  |
| **OBJETIVO** | |  | | | | |
| **RESPONSABLE** | |  | | | | |

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| **CONVOCADOS / ASISTENTES** | | | |
| **NOMBRE** | **CARGO / ÁREA** | **ASISTIO** | |
| **SI** | **NO** |
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**DESARROLLO DE LA REUNIÓN**

**CONCLUSIONES Y RECOMENDACIONES DE LA REUNIÓN**

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| **FIRMA DE LOS ASISTENTES** | |
| **NOMBRE** | **CARGO / ÁREA** |
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| **CONTROL DEL DOCUMENTO** | | | | |
| **NOMBRE** | | **CARGO** | **ÁREA** | **FECHA** |
| **REALIZÓ** |  |  |  |  |
| **REVISÓ** |  |  |  |  |
| **APROBÓ** | Diana Garzón- Claudia Bohórquez | Gerente | Gerencia |  |