

INFORME SERVICIOS BIBLIOTECARIOS AMBULATORIOS

Institución: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Número de Celda, Control, Módulo, Etc.** | **Población**  **Residente** | **Población**  **Servida** | **Libros**  **Circulados** | **Visitas**  **Realizadas** |
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Firma del Supervisor o Maestro Encargado Firma del Bibliotecario