**APARTADO D**

**Formatos para Organizaciones.**

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| **Número** | **Formato** | **El formato se incluye en:** | |
| **Estados Financieros** | **Documentación Comprobatoria** |
| 1 OC | ENTREGA Y RECEPCIÓN DE ESTADOS FINANCIEROS | X |  |
| 2 OC | ESTADO DE SITUACIÓN FINANCIERA | X |  |
| 3 OC | ESTADO DE ACTIVIDADES | X |  |
| 4 OC | ESTADO DE CAMBIOS EN LA SITUACIÓN FINANCIERA | X |  |
| 5 OC | ÚNICO DE INGRESOS | X |  |
| 6 OC | ACREDITACIÓN DE LA PERSONA RESPONSABLE DEL ÓRGANO INTERNO Y ENCARGADO DE LOS REGISTROS CONTABLES | Se presenta ante el Consejo General | |
| 7 OC | ARQUEO DE CAJA | X |  |
| 8 OC | CONCILIACIÓN BANCARIA | X |  |
| 9 OC | REALIZACIÓN DE EVENTOS | Se entrega al órgano fiscalizador | |
| 10 OC | CONTROL DE EVENTOS DE AUTOFINANCIAMIENTO | X |  |
| 11 OC | DIRECTORIO DE REPRESENTANTES Y PERSONAS RESPONSABLES | X |  |
| 12 OC | RELACIÓN DE DEUDORES DIVERSOS | X |  |
| 13 OC | RELACIÓN DE PROVEEDORES | X |  |
| 14 OC | RELACIÓN DE ACREEDORES DIVERSOS | X |  |
| 15 OC | RELACIÓN DE ACREEDORES FISCALES | X |  |
| 16 OC | ANÁLISIS DE LA CUENTA DE ACTIVIDADES ORDINARIAS | X |  |
| 17 OC | ANÁLISIS DE LA CUENTA DE GASTOS DE OPERACIÓN | X |  |
| 18 OC | ANÁLISIS DE LA CUENTA DE GASTOS DE ADMINISTRACIÓN | X |  |
| 19 OC | ANÁLISIS DE LA CUENTA DE GASTOS GENERALES | X |  |
| 20 OC | ANÁLISIS DE LA CUENTA DE DEPRECIACIÓN BIENES MUEBLES | X |  |
| 21 OC | ANÁLISIS DE LA CUENTA DE GASTOS FINANCIEROS | X |  |
| 22 OC | ANÁLISIS DE LA CUENTA DE ACTIVIDADES PARA CUMPLIR SU OBJETO SOCIAL | X |  |
| 23 OC | ANÁLISIS DE BIENES EN COMODATO | X |  |
| 24 OC | BITÁCORA DE GASOLINA |  | X |
| 25 OC | CONCENTRADO DE FINANCIAMIENTO PRIVADO | X |  |
| 26 OC | SOLICITUD DE RECURSOS |  | X |
| 27 OC | GASTOS DE ARRENDAMIENTO | X |  |
| 28 OC | RECIBO DE INGRESOS | X |  |
| 29 OC | RECIBO DE INGRESOS DE FINANCIAMIENTO PRIVADO POR TRASFERENCIA ELECTRÓNICA | X |  |
| 30 OC | ACTUALIZACIÓN DE INVENTARIOS | X |  |
| 31 OC | INVENTARIO | X |  |

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| **1 OC. ENTREGA Y RECEPCIÓN DE ESTADOS FINANCIEROS** | |
| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |      |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |      |  |  |  |  | | --- | --- | --- | --- | | Documentos conforme al artículo 35 fracción IV de la Ley Electoral del  Estado de Querétaro | Entrega | | | | SI | NO | Cantidad | | 1) Estado de Situación Financiera |  |  |  | | 2) Estado de Actividades |  |  |  | | 3) Estado de Cambios en la Situación Financiera |  |  |  | | 4) Relaciones Analíticas:   1. Balanza de Comprobación 2. Movimientos Auxiliares |  |  |  | |  |  |  | |  |  |  | | 5) Documentación Comprobatoria |  |  |  |  |  | | --- | | Nota.- Presentar mediante escrito dirigido a la Unidad Técnica de Fiscalización para efectos de entrega-recepción. |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  | |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa.**

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| **2 OC. ESTADO DE SITUACIÓN FINANCIERA** |
| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | --- | --- | --- | --- | | **ACTIVO** | | | | | Número de Cuenta | **CIRCULANTE** | Periodos Anteriores | Periodo Actual | | 100-001-101 | Caja |  |  | | 100-001-102 | Bancos |  |  | | 100-001-103 | Deudores Diversos |  |  | | 100-001-104 | Anticipo a Proveedores |  |  | | **TOTAL DE ACTIVO CIRCULANTE** | |  |  | |  | **NO CIRCULANTE** |  |  | | 100-002-101 | Equipo de Comunicación |  |  | | 100-002-102 | Equipo de Cómputo |  |  | | 100-002-103 | Equipo Audiovisual |  |  | | 100-002-104 | Equipo de Transporte |  |  | | 100-002-105 | Mobiliario y Equipo de Oficina |  |  | | 100-002-106 | Depreciaciones Acumuladas |  |  | | **TOTAL DE ACTIVO NO CIRCULANTE** | |  |  | |  | **DIFERIDO** |  |  | | 100-003-101 | Depósitos en Garantía |  |  | | **TOTAL DE ACTIVO DIFERIDO** | |  |  | | **TOTAL DE ACTIVO** | |  |  | | **PASIVO** | | | | | Número de Cuenta | **CIRCULANTE** | Periodos Anteriores | Periodo Actual | | 200-002-201 | Proveedores |  |  | | 200-002-202 | Acreedores Diversos |  |  | | 200-002-203 | Impuestos y Retenciones por pagar |  |  | | **TOTAL DE PASIVO** | |  |  | | **PATRIMONIO** | | | | | Número de Cuenta | **PATRIMONIO** | Periodos Anteriores | Periodo Actual | | 300-301-001 | Patrimonio Contribuido |  |  | | 300-302-001 | Resultado del Ejercicio Anteriores |  |  | | 300-302-002 | Resultados de Ejercicios Actual |  |  | | **TOTAL DEL PATRIMONIO** | |  |  | | **TOTAL DE PASIVO Y PATRIMONIO** | |  |  |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma | | Responsable del órgano interno |  |  |  | |  |  |  |  | |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa.**

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| **3 OC. ESTADO DE ACTIVIDADES** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **No Cuenta** | **Concepto** | **Periodos Anteriores** | **Periodo Actual** | **Acumulado** | | 400 | **INGRESOS** |  |  |  | | 401 | Financiamiento Privado |  |  |  | | **TOTAL DE INGRESOS** | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **No Cuenta** | **Concepto** | **Periodos Anteriores** | **Periodo Actual** | **Acumulado** | | 500 | **EGRESOS** |  |  |  | | 501 | Actividades ordinarias |  |  |  | | 502 | Actividades para cumplir su objeto social |  |  |  | | **TOTAL DE EGRESOS** | |  |  |  | | RESULTADO DEL EJERCICIO | |  |  |  |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  | |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa.**

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| **4 OC. ESTADO DE CAMBIOS EN LA SITUACIÓN FINANCIERA** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | --- | --- | --- | --- | | **Concepto** | **Origen**  **( Saldo Inicial )** | **OClicación**  **( Saldo Final )** | **Diferencia** | | **ACTIVO** |  |  |  | | Caja |  |  |  | | Bancos |  |  |  | | Deudores Diversos |  |  |  | | Anticipo a Proveedores |  |  |  | | Equipo de Comunicación |  |  |  | | Equipo de Cómputo |  |  |  | | Equipo Audiovisual |  |  |  | | Equipo de Transporte |  |  |  | | Mobiliarios y Equipo de Oficina |  |  |  | | Terrenos |  |  |  | | Edificios |  |  |  | | Construcciones |  |  |  | | Depreciaciones Acumuladas |  |  |  | | Depósitos en Garantía |  |  |  | | Seguros y Fianzas |  |  |  | | **TOTAL DE ACTIVO** |  |  |  | | **PASIVO** |  |  |  | | Proveedores |  |  |  | | Acreedores Diversos |  |  |  | | Impuestos y Retenciones por pagar |  |  |  | | **TOTAL DE PASIVO** |  |  |  | | **RESULTADO DEL EJERCICIO** |  |  |  |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del Órgano interno |  |  |  | |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa**

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| **5 OC. ÚNICO DE INGRESOS** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |      |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **No. Cuenta** | **Tipo de Ingresos** | **Periodos Anteriores** | **Periodo Actual** | **Acumulado** | | **410** | **Financiamiento Privado** | | | | | 400-401-001 | Aportación de simpatizantes |  |  |  | | 400-401-002 | Donaciones y aportaciones |  |  |  | | 400-401-003 | Autofinanciamiento |  |  |  | | 400-401-003-01 | Conferencias |  |  |  | | 400-401-003-02 | Eventos Culturales |  |  |  | | 400-401-003-03 | Juegos |  |  |  | | 400-401-003-04 | Espectáculos |  |  |  | | 400-401-003-05 | Sorteos, Rifas y Colectas |  |  |  | | 400-401-003-06 | Publicaciones |  |  |  | | 400-401-003-07 | Venta de Bienes |  |  |  | | 400-401-003-08 | Otra Actividad Lucrativa |  |  |  | | 400-401-004 | Financiamiento por rendimientos financieros, fondos y fideicomisos |  |  |  | | **Total** | |  |  |  |   \* Anexar en el formato correspondiente, la información detallada por estos conceptos.  Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  | |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa.**

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| **6 OC. ACREDITACIÓN DEL RESPONSABLE DEL ÓRGANO INTERNO Y**  **ENCARGADO DE LOS REGISTROS CONTABLES** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   CONSEJO GENERAL  PRESENTE   |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   La/El que representa a la organización ciudadana, ante el Consejo General del Instituto Electoral del Estado de Querétaro C.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, conforme al artículo 46 de la Ley Electoral del Estado de Querétaro y 11 del Reglamento de Fiscalización, con fecha \_\_\_\_\_\_\_\_\_\_\_\_, informo: nombre y cargo de las personas responsables de la contabilidad de esta organización ciudadana.   |  | | --- | | **I. Responsable del Órgano Interno** | | Nombre:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cargo:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cédula Profesional:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Firma de aceptación del cargo:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  | | --- | | **2. Encargado de los Registros Contables** | | Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cargo:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cédula Profesional:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Firma de aceptación del cargo**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   Firmo bajo protesta de decir verdad.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma | |

**Nota: Este formato se adjunta al aviso de intención en enero de 2022 y ante algún cambio en la designación; se presenta mediante escrito dirigido a la Secretaría Ejecutiva.**

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| **7 OC. ARQUEO DE CAJA** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación:** | | 1. Denominación de la Organización ciudadana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | | --- | --- | | **Concepto**  **(Elabórese hoja anexa por cada uno de los renglones que se considere necesario)** | **Importe** | | 1. Ingresos no Depositados |  | | 2. Fondo de Caja |  | | 3.Otros Valores |  | | 4.Comprobante por Comprobante |  | | Total de Arqueo |  | | Saldo en Contabilidad |  | | Sobrante o Faltante |  |   Los fondos y documentos, según detalle que antecede con un importe de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ representan el fondo fijo que está bajo mi custodia. Fue contado en mi presencia el día \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ y fueron devueltos íntegros el mismo día a las \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  **Responsable:**   |  |  |  | | --- | --- | --- | | Nombre |  | Firma |   **Formuló:**   |  |  |  | | --- | --- | --- | |  |  |  |   **Testigo:**   |  |  |  | | --- | --- | --- | |  |  |  |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  | |

**Nota: Este formato debe realizarse en cada cierre de mes.**

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| **8 OC. CONCILIACIÓN BANCARIA** |
| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Datos Financieros** | | Conciliación Bancaria al: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cuenta No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institución Financiera \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | --- | --- | --- | --- | | **Concepto** | | | **Importe** | | Saldo en Banco | | |  | | Menos: Abonos en libros no registrados en el Estado de Cuenta Bancario (cheques en circulación). | | |  | | Fecha | No. Cheque | Beneficiario |  | |  |  |  | |  |  |  | | Total cheques en tránsito | | |  | | Menos: Abonos en Estado de Cuenta Bancario no registrados en libros. | | |  | | **Subtotal** | | |  | | Más: Cargos en libros no registrados en Estados de Cuenta Bancario. | | |  | | Más: Cargos en Estado de Cuenta Bancario no registrados en libros. | | |  | | **Subtotal** | | |  | | **SALDO EN CONTABILIDAD AL** | | |  |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  | |

**Nota: Este formato debe realizarse en cada cierre de mes.**

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| **9 OC. REALIZACIÓN DE EVENTOS** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |      |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Fecha de Autorización:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |     Con fundamento en el artículo 43 de la Ley Electoral del Estado de Querétaro le informo que se llevará a cabo la siguiente actividad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ el día \_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 2022.  Lugar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Municipio\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Horario \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Total de boletaje puesto a la venta\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  El siguiente apartado se deberá llenar en caso de realización de conferencias, eventos culturales, espectáculos y/u otra actividad lucrativa.   |  |  |  |  | | --- | --- | --- | --- | | **Venta de:** | **Si** | **No** | **Administrado por:** | | Alimentos |  |  |  | | Cervezas |  |  |  | | Vinos y Licores |  |  |  | | Artículos Varios\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(especificar) |  |  |  |   Nota: Este formato deberá entregarse a más tardar 10 días hábiles antes de la realización del evento, por medio de oficio dirigido al órgano fiscalizador firmado por la persona representante legal.    Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  | |

**Nota: Este formato debe entregarse a más tardar 10 días hábiles antes de la realización del evento.**

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| **10 OC. CONTROL DE EVENTOS DE AUTOFINANCIAMIENTO** | |
| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha Autorización Evento\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   Formato de Control No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organización ciudadana \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tipo de Evento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lugar del Evento\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  En su caso, bien a sortear: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  | | --- | --- | | **Forma de Administración** | **Marque con una X** | | Directamente |  | | Asociación en participación |  | | Nombre o Denominación del Asociante: | |  |  |  |  | | --- | --- | --- | | **Control de Boletos, Números o Entradas** | | | | Total Impresos: | Del No. | Al No. | | Vendidos | Del No. | Al No. | | Cortesías | Del No. | Al No. |  |  |  | | --- | --- | | **Ingresos totales para el asociante por:** | **Ingresos totales para la organización por:** |  |  |  |  |  | | --- | --- | --- | --- | | Boletaje | $ | Boletaje | $ | | Alimentos | $ | Alimentos | $ | | Cerveza | $ | Cerveza | $ | | Vinos y licores | $ | Vinos y licores | $ | | Otros\_\_\_\_\_\_\_\_(Especificar) | $ | Otros\_\_\_\_\_\_\_\_\_(Especificar) | $ | | **Total** | $ | **Total** | $ |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Representante legal | Nombre | |  | | | Firma | | | Responsable del Órgano interno | |  | |  |  | | |

**Nota: Este formato debe realizarse en el momento del evento.**

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| **11 OC. DIRECTORIO DE REPRESENTANTES Y PERSONAS RESPONSABLES** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Nombre** | **Cargo** | **Domicilio** | **Correo electrónico** | **Teléfono** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  | |

**Nota: Este formato se adjunta al primer informe financiero de 2022 y deberá actualizarse ante cualquier modificación.**

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| **12 OC. RELACIÓN DE DEUDORES DIVERSOS** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | --- | --- | --- | --- | | **Nombre** | **Importe** | **Origen del Adeudo** | **Fecha Origen del Adeudo** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Total** |  |  |  |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  | |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa.**

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| **13 OC. RELACIÓN DE PROVEEDORES** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | --- | --- | --- | --- | | **Número de factura** | **Nombre** | **Concepto** | **Importe** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  |   Nota: Deberá anotarse los principales proveedores de pagos acumulados superiores a 200 veces el valor vigente de la UMA. |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa.**

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| **14 OC. RELACIÓN DE ACREEDORES DIVERSOS** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | --- | --- | --- | --- | | **Nombre** | **Concepto** | **Importe** | **Fecha Origen del Adeudo** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Total** | |  |  |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  |   . |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa**

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| **15 OC. RELACIÓN DE IMPUESTOS Y RETENCIONES POR PAGAR** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | --- | --- | --- | --- | | **Contribución** | **Datos del documento el cual de origen al impuesto** | **Fecha Origen del Adeudo** | **Importe** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Total** | | |  |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal. | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  | |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa**

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| **16 OC. ANÁLISIS DE LA CUENTA DE**  **ACTIVIDADES ORDINARIAS** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **No Cuenta** | **Concepto** | **Periodos Anteriores** | **Periodo Actual** | **Acumulado** | | 500-501-001 | Gastos de Operación |  |  |  | | 500-501-002 | Gastos de Administración |  |  |  | | 500-501-003 | Gastos Generales |  |  |  | | 500-501-004 | Depreciación de Bienes Muebles |  |  |  | | 500-501-005 | Gastos Financieros |  |  |  | | **Total** | |  |  |  |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  | |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa**

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| **17 OC. ANÁLISIS DE LA CUENTA DE**  **GASTOS DE OPERACIÓN** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **No Cuenta** | **Concepto** | **Periodos Anteriores** | **Periodo Actual** | **Acumulado** | | 500-501-001-01 | Sueldos Ordinarios |  |  |  | | 500-501-001-02 | Honorarios |  |  |  | | 500-501-001-03 | Prima de Antigüedad |  |  |  | | 500-501-001-04 | Tiempo Extraordinario |  |  |  | | 500-501-001-05 | Prima Vacacional |  |  |  | | 500-501-001-06 | Aguinaldo |  |  |  | | 500-501-001-07 | Vacaciones |  |  |  | | 500-501-001-08 | Indemnizaciones |  |  |  | | 500-501-001-09 | Pensiones |  |  |  | | 500-501-001-10 | SAR |  |  |  | | 500-501-001-11 | IMSS |  |  |  | | 500-501-001-12 | INFONAVIT |  |  |  | | 500-501-001-13 | Cesantía y vejez |  |  |  | | **Total** | |  |  |  |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  | |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa**

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| **18 OC. ANÁLISIS DE LA CUENTA DE**  **GASTOS DE ADMINISTRACIÓN** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **No Cuenta** | **Concepto** | **Periodos Anteriores** | **Periodo Actual** | **Acumulado** | | 500-501-002-01 | Arrendamiento de Inmuebles |  |  |  | | 500-501-002-02 | Arrendamiento de Muebles |  |  |  | | 500-501-002-03 | Mensajería y Paquetería |  |  |  | | 500-501-002-04 | Teléfono |  |  |  | | 500-501-002-05 | Energía Eléctrica |  |  |  | | 500-501-002-06 | Agua Potable |  |  |  | | 500-501-002-07 | Atención Representante y simpatizantes |  |  |  | | 500-501-002-08 | Gastos de Viaje |  |  |  | | 500-501-002-09 | Primas y Pólizas de Seguros |  |  |  | | 500-501-002-10 | Fletes, Maniobras y Almacenajes |  |  |  | | 500-501-002-11 | Gastos Notariales |  |  |  | | 500-501-002-12 | Contribuciones y sus accesorios |  |  |  | | 500-501-002-13 | Herramientas y Enseres menores |  |  |  | | 500-501-002-14 | Mantenimiento de Equipo de Comunicación |  |  |  | | 500-501-002-15 | Mantenimiento de Equipo de Cómputo |  |  |  | | 500-501-002-16 | Mantenimiento de Equipo Audiovisual |  |  |  | | 500-501-002-17 | Mantenimiento de Equipo de Transporte |  |  |  | | 500-501-002-18 | Mantenimiento de Mobiliario y Equipo Oficina |  |  |  | | 500-501-002-19 | Mantenimiento de Edificio |  |  |  | | 500-501-002-20 | Servicio de Internet |  |  |  | | **Total** | |  |  |  |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  | |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa**

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| **19 OC. ANÁLISIS DE LA CUENTA DE**  **GASTOS GENERALES** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **No Cuenta** | **Concepto** | **Periodos Anteriores** | **Periodo Actual** | **Acumulado** | | 500-501-003-01 | Papelería y Artículos de Oficina |  |  |  | | 500-501-003-02 | Libros, Revistas y Periódicos |  |  |  | | 500-501-003-03 | Cuotas y Suscripciones |  |  |  | | 500-501-003-04 | Gastos Menores |  |  |  | | 500-501-003-05 | Combustibles y Lubricantes |  |  |  | | 500-501-003-06 | Gastos y Artículos de Limpieza para oficina |  |  |  | | 500-501-003-07 | Artículos de Primeros Auxilios |  |  |  | | 500-501-003-08 | Material de Fotografía y Cinematografía |  |  |  | | 500-501-003-09 | Consumibles para Computadora |  |  |  | | 500-501-003-10 | Reuniones cívicas y políticas |  |  |  | | 500-501-003-11 | Avisos Oficiales |  |  |  | | 500-501-003-12 | Gastos de resguardo de bienes muebles |  |  |  | | 500-501-003-13 | Material contingencia COVID-19 |  |  |  | | **Total** | |  |  |  |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  | |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa**

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| **20 OC. ANÁLISIS DE LA CUENTA DE**  **DEPRECIACIÓN BIENES MUEBLES** | |
| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Cuenta** | **Concepto** | **Periodos Anteriores** | **Periodo Actual** | **Acumulado** | | 500-501-004 | Depreciación de bienes | | | | | 500-501-004-01 | Depreciación |  |  |  | | **Total** | |  |  |  |  |  | | --- | | Notas Aclaratorias para control interno: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   Nota: Describir en el registro contable las características: clase de bien, modelo serie, código establecido por la organización ciudadana y costo.  Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  | |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa.**

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| **21 OC. ANÁLISIS DE LA CUENTA DE**  **GASTOS FINANCIEROS** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   No. de Cuenta\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Banco\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **No Cuenta** | **Concepto** | **Periodos Anteriores** | **Periodo Actual** | **Acumulado** | | 500-501-005 | Gastos Financieros | | | | | 500-501-005-01 | Comisiones |  |  |  | | 500-501-005-02 | Intereses |  |  |  | | **Total** | |  |  |  |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  | |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa.**

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| **22 OC. ANÁLISIS DE LA CUENTA DE**  **ACTIVIDADES PARA CUMPLIR SU OBJETO SOCIAL** | |
| |  |  | | --- | --- | | **Emblema**  **de la**  **organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **No Cuenta** | **Concepto** | **Trimestres Anteriores** | **Trimestre Actual** | **Acumulado** | | **502-001** | **Reunión de Asamblea** | | | | | 502-001-01 | Honorarios o prestación de servicios |  |  |  | | 502-001-02 | Arrendamiento de bienes inmuebles |  |  |  | | 502-001-03 | Arrendamiento de bienes muebles |  |  |  | | 502-001-04 | Atención a personas asociadas |  |  |  | | 502-001-05 | Gastos de viaje |  |  |  | | 502-001-06 | Combustibles y Lubricantes |  |  |  | | 502-001-07 | Impresiones de material didáctico |  |  |  | | 502-001-08 | Promoción y Difusión para personas asociadas |  |  |  | | 502-001-09 | Promoción y Difusión a la ciudadanía |  |  |  | | 502-001-10 | Otro \_\_\_\_\_\_\_\_\_\_(especificar) |  |  |  | | **Subtotal** | |  |  |  | | **Total** | |  |  |  | | **No Cuenta** | **Concepto** | **Trimestres Anteriores** | **Trimestre Actual** | **Acumulado** | | **502-002** | **Capacitación** | | | | | 502-002-01 | Honorarios o prestación de servicios |  |  |  | | 502-002-02 | Arrendamiento de bienes inmuebles |  |  |  | | 502-002-03 | Arrendamiento de bienes muebles |  |  |  | | 502-002-04 | Atención a personas asociadas |  |  |  | | 502-002-05 | Gastos de viaje |  |  |  | | 502-002-06 | Combustibles y Lubricantes |  |  |  | | 502-002-07 | Otro \_\_\_\_\_\_\_\_\_\_(especificar) |  |  |  | | **Subtotal** | |  |  |  | | **Total** | |  |  |  |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Presidencia de la Organización ciudadana | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  | | |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa.**

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| **23 OC. ANÁLISIS DE BIENES EN COMODATO** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |      |  |  |  |  | | --- | --- | --- | --- | | **Descripción del bien** | **Nombre del Comodante** | **Vigencia**  **(Del \_\_\_\_\_ al \_\_\_\_\_)** | **Ubicación de Bien** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  | |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa.**

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| **24 OC. BITÁCORA DE GASOLINA** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Correspondiente al periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Datos Generales** | | No. de Factura: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Proveedor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Fecha** | **Actividad a realizar** | **Importe Total** | **Vehículo**  **Modelo y Placas** | **Kilometraje** | **Nombre y Firma de quien realiza actividad** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | **Total** | |  |  |  |  |   Nota. Este formato deberá realizarse por cada factura por concepto de combustibles y lubricantes.  Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  | |

**Nota: Este formato debe realizarse al momento en que se efectúa la operación.**

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| **25 OC. CONCENTRADO DE FINANCIAMIENTO PRIVADO** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al Periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | | --- | --- | --- | --- | | **Aportación** | | | | | **Folio** | **Fecha** | **Nombre** | **Importe** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  | **Total** | |  | | **Donaciones** | | | | | **Folio** | **Fecha** | **Nombre** | **Importe** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  | **Total** | |  |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  | |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa.**

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| **26 OC. SOLICITUD DE RECURSOS** |
| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Cheque\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Transferencia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Póliza \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Correspondiente al periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Beneficiario o proveedor** | | Nombre: |  |  | | --- | | **Importe** | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/100 M. N.) |  |  | | --- | | **Concepto** | |  |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Beneficiario o proveedor | Nombre |  | Firma |   AUTORIZA:   |  |  |  |  | | --- | --- | --- | --- | | Representante legal | Nombre |  | Firma | | Responsable del órgano interno |  |  |  | |

**Nota: Este formato debe realizarse al momento en que se efectúa la operación.**

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| **27 OC.GASTOS DE ARRENDAMIENTO** | |
| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | No. de Folio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Lugar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Importe $\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_00/100 M.N.) |   Correspondiente al periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | | **IDENTIFICACIÓN DEL ARRENDATARIO** | | 1. Denominación de la Organización ciudadana: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |      |  | | --- | | **IDENTIFICACIÓN DE LA PERSONA ARRENDADORA** | | 1. Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Correo electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **DESCRIPCIÓN DEL BIEN ARRENDADO** | | 1. Organización ciudadana: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio del inmueble: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Concepto: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. En su caso, domicilio de resguardo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Persona arrendadora | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del Órgano Interno |  |  |  |   **Nota: Acompañarse de copia simple de una identificación oficial con fotografía de la persona arrendadora y demás documentación legal comprobatoria.** |

**Nota: Este formato debe realizarse al momento en que se efectúa la operación.**

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| **28 OC. RECIBO DE INGRESOS** |
| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | No. de Folio: 00\_\_/2022  Lugar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Importe $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_00/100 M.N.) |   Correspondiente al periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | | **IDENTIFICACIÓN** | | 1. Denominación de la Organización ciudadana: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |      |  | | --- | | **FINANCIAMIENTO** | | Tipo de Financiamiento:   1. Privado: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Simpatizantes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Efectivo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Especie: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Descripción del bien (en caso de especie): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Criterio de valuación utilizado: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Autofinanciamiento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Concepto: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **DATOS DE LA PERSONA FÍSICA QUIEN APORTA EL RECURSO** | | 1. Nombre de la persona que entrega el recurso: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Domicilio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Teléfono \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. Clave de elector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Correo electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **FIRMA DE LA PERSONA APORTANTE**  APORTO EL RECURSO LIBRE Y VOLUNTARIAMENTE PARA QUE SEA DESTINADO DE MANERA EXCLUSIVA PARA LA CONSTITUCIÓN DE LA ORGANIZACIÓN CIUDADANA COMO: ASOCIACIÓN POLÍTICA ESTATAL / PARTIDO POLÍTICO LOCAL. |   Bajo protesta de decir verdad declaro que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Responsable del Órgano Interno | Nombre |  | Firma |   **Nota: Acompañarse de copia simple de una identificación oficial con fotografía de quien entrega el recurso, y demás documentación legal comprobatoria que permita identificar el origen del mismo.** |

**Nota: Este formato debe realizarse al momento en que se efectúa la operación.**

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| **29 OC. RECIBO DE INGRESOS DE FINANCIAMIENTO PRIVADO**  **POR TRANSFERENCIA ELECTRÓNICA** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | No. de Folio: 00\_\_/2022  Lugar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Importe $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_00/100 M.N.) |   Correspondiente al periodo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | | **IDENTIFICACIÓN** | | 1. Denominación de la Organización ciudadana: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |      |  | | --- | | **DATOS DE LA PERSONA QUIEN ENTREGA EL RECURSO** | | 1. Nombre de la persona que entrega el recurso: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Domicilio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Teléfono \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. Clave de elector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Correo electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. Número de cuenta de donde proviene el recurso: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Banco: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. CLABE bancaria estandarizada: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **FIRMA DE LA PERSONA APORTANTE**  APORTO EL RECURSO LIBRE Y VOLUNTARIAMENTE PARA QUE SEA DESTINADO DE MANERA EXCLUSIVA PARA LA CONSTITUCIÓN DE LA ORGANIZACIÓN CIUDADANA COMO: ASOCIACIÓN POLÍTICA ESTATAL / PARTIDO POLÍTICO LOCAL. |   Bajo protesta de decir verdad declaro que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Responsable del Órgano Interno | Nombre |  | Firma |   **Nota: Acompañarse de copia simple de una identificación oficial con fotografía de quien entrega el recurso, y demás documentación legal comprobatoria que permita identificar el origen del mismo.** |

**Nota: Este formato debe realizarse al momento en que se efectúa la operación.**

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| **30 OC. ACTUALIZACIÓN DE INVENTARIOS DE MUEBLES E INMUEBLES** |

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| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Periodo Inicial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Periodo Final\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Altas de Inventarios**  **(Adquisiciones y Donaciones)** | | | | | | **Fecha** | **Descripción del bien** | **Monto de la Operación** | **Comprobante** | **Localización** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | **Total** | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Bajas de Inventarios**  **(Ventas y Destrucciones)** | | | | | | | **Fecha** | **Descripción del bien** | **Monto Original o monto del avalúo** | **Monto de la Operación** | **Comprobante** | **Localización** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | **Total** | |  |  |  |  | | --- | | Notas Aclaratorias: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  | | --- | --- | --- | --- | | Presidencia de la Organización ciudadana | Nombre |  | Firma |  |  |  |  |  | | --- | --- | --- | --- | | Responsable del órgano interno |  |  |  |   Nota: En caso de donación se deberá considerar el valor comercial o avalúo del bien. |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa.**

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| **31 OC. INVENTARIO DE MUEBLES E INMUEBLES** |
| |  |  | | --- | --- | | **Emblema**  **de la**  **Organización** | Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Periodo Inicial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Periodo Final\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | --- | | **Identificación** | | 1. Denominación de la Organización ciudadana: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Domicilio Fiscal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Registro Federal de Contribuyentes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Inventario** | | | | | | | | | | | | | | | | **Folio asignado** | **Descripción del bien** | **Recursos con que se adquirió** | **Documento que acredite la propiedad** | **Número de documento que acredite la propiedad** | **Nombre del emisor del documento con el que se acreditó la propiedad** | **Cuenta contable en donde se registró** | **Fecha de adquisición** | **Valor de entrada o monto original de la inversión** | **Tasa de depreciación en el periodo** | **Valor de la depreciación** | **Valor en libros** | **Ubicación física del bien** | **Número de meses de uso** | **Nombre completo y domicilio del resguardante** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | **Total** | | | | | | | |  |  |  |  |  |  |  |  |  | | --- | | Notas Aclaratorias: |   Bajo protesta de decir verdad declaramos que la información presentada es razonablemente correcta y es responsabilidad de quien la emite.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Representante legal | Nombre | Firma |  | Responsable del órgano interno | Nombre | Firma |   Nota: En caso de donación se deberá considerar el valor comercial o avalúo del bien. |

**Nota: Este formato debe elaborarse una vez concluido el periodo que se informa.**