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| **Nro.** | **Proceso a auditar** | **Responsable** | **Auditor** | **Meses** | **Hora de Auditoria** |
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| **NOTA**: El Informe final se debe presentar el día xxxxx de xxxx de xxxx | | | | | |

**Contralor General de Santander Jefe Oficina de Control Interno**

**Presidente C.C.C.I Secretaria C.C.C.I**

**Proyectado-**

**Aprobado -**