**Reporte mensual de las actividades de Servicio Social.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Fecha del:** | 01 | **al:** | 30 | **Del mes de:** | Agosto | **de:** | 2021 | **Reporte No.:** | |  |
| **Área al que está adscrito:** | | | Nombre de la dependencia donde se realiza el servicio social | | | | | | **Programa:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Día | Fecha. | Actividades realizadas. | | No. hrs. | Hrs. Letra. |
|  | Día/mes/año | Limpieza de instalaciones pecuarias | | 3 | tres |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  | | Total: |  |  |
|  |  | | Horas acumuladas: |  |  |

|  |  |  |
| --- | --- | --- |
| **Área o dependencia (nombre del área)** |  | **Responsable de la oficina de Servicio Social.** |
|  |  |  |
| **Nombre del Responsable** |  | **M.D.C. Karen Zidoni Medina Soni** |