**Anexo P-3**

**Instituto de Salud Pública del Estado de Guanajuato**

**Totales por Unidad Responsable**

**Informe del al**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unidad** | **Subsidio** | | **Cobrado** | | **Exento** | | **Total** | |
|  | $ | 65,514.00 | $ | 428,991.00 | $ | 391,610.00 | $ | 886,115.00 |
|  | **$** | **65,514.00** | **$** | **428,991.00** | **$** | **391,610.00** | **$** | **886,115.00** |