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| **INFORMACIÓN BÁSICA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **1. Nombre o razón social** | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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|  | **2. Documento de Identidad** | | | | | | | | **Tipo** | | **CC** |  | |  | **NIT** | |  | |  | **OTRO** | |  | |  |  | **Número** | | |  | | | | | | | | |  |  |  |  |  |
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|  | **DATOS DEL CONTRATO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **3. No. Contrato** | | | | | |  |  |  |  |  |  | **4. Fecha Inicio** | | | | | | | |  |  |  |  |  |  |  | **5. Fecha Terminación** | | | | | | | |  | | | | | | |
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|  | Número | | AÑO | | | |  |  |  |  |  |  | DÍA | | MES | | AÑO | | | |  |  |  |  |  |  |  | DÍA | | MES | | AÑO | | | |
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|  | **6. Lugar de Prestación del Servicio** | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  | **7. Periodo de Ejecución** | | | | | | | | | | | | | | | | |  |  |
|  | **Departamento** | | | | | | | **Nucleo veredal /Municipio** | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | **A** |  |  |  |  |  |  |  |  |  |  |
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|  | **INFORMACIÓN FINANCIERA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **8. Contrato** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Valor Contrato inicial** | | | | | | | **Valor Adición** | | | | | | | **Valor Total Contrato** | | | | | | | **Valor Pagado** | | | | | | | **Valor a Pagar en el Periodo** | | | | | | | **Saldo por Pagar** | | | | | | |
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|  | **9. Concepto del Pago** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **10. CUMPLIMIENTO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **OBLOGACIONES** | | | | | | | **CLAÚSULAS** | | | | | | | | | | | | | | | | | | **CUMPLIMIENTO** | | | | **ACTIVIDADES EFECTUADAS POR EL CONTRATISTA** | | | | | | | | | | | | |
|  | **No.** | | **Detalle** | | | | | | | | | | | | | | | |
|  | Generales | | | | | | |  | |  | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | |
|  | Generales | | | | | | |  | |  | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | |
|  | Generales | | | | | | |  | |  | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | |
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|  | Específicas | | | | | | |  | |  | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | |
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|  | **Nota: Se debe adjuntar la documentación soporte de las actividades indicadas por el Contratista para el cumplimiento de las Obligaciones** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **11. CERTIFICACIÓN DE CUMPLIMIENTO CONTRACTUAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | En mi calidad de supervisor o persona designada certifico que, a la fecha de generación del presente informe, el contratista está cumpliendo a satisfacción con las actividades establecidas en el contrato, incluido el pago a los aportes al sistema de seguridad social y parafiscales, conforme a la reglamentación vigente. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | Nombre y Apellido Supervisor | | | | | | | | |  | | | | | | | |  |  |  |  |  | Nombre y Apellido Contratista | | | | | | | | |  | | | | | | | |  |  |
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|  |  | Firma | | | | | | | | | | | | | | | | |  |  |  |  |  | Firma | | | | | | | | | | | | | | | | |  |  |