

## Información básica de la planilla

Empresa: ..... yuliy paulín niño castaño  
Tipo Planilla: ..... I  
Sucursal o Dependencia: ..... PRINCIPAL  
Número de Radicación: ..... 31198299  
Fecha de vencimiento: ..... 15/11/2018  
Fecha de Pago: ..... 14/11/2018

## Detalles del pago

Razón social recaudo: ..... Compensar OI  
Descripción: ..... MIPlanilla.com Pago Proteccion Social  
Banco: ..... BANCO DAVIVIENDA  
Estado de la transacción: ..... Transacción aprobada

NIT: ..... 1007101456  
Periodo liquidación Pensiones: ..... octubre 2018  
Periodo liquidación Salud: ..... octubre 2018  
Total a pagar: ..... \$371,300  
Total de empleados: ..... 1  
Número de Administradoras: ..... 3

Nit recaudo: ..... 9998600669427  
Medio de Pago: ..... Pago Electronico por PSE  
Número Autorización: ..... 385490390

| Código | NIT       | Administradoras               | Num. Afiliados | *Número de incapacidad por riesgos laborales | Valor descontado en incapacidad y/o licencia | Total Pagado |
|--------|-----------|-------------------------------|----------------|----------------------------------------------|----------------------------------------------|--------------|
| 14-7   | 860002503 | Cia. de Seguros Bolívar S.A.  | 1              |                                              | \$0                                          | \$29,300     |
| 230201 | 800229739 | Proteccion (ING + Proteccion) | 1              |                                              | \$0                                          | \$192,000    |
| EPS016 | 805000427 | Cooameva EPS                  | 1              |                                              | \$0                                          | \$150,000    |
|        |           |                               |                |                                              |                                              | \$371,300    |

\*Si descontó incapacidades o notas crédito debe informar a la administradora correspondiente los descuentos.



| DATOS DEL APORTANTE |                   |                           |                          |              |                    |                                     |
|---------------------|-------------------|---------------------------|--------------------------|--------------|--------------------|-------------------------------------|
| TIPO                | NÚMERO            | NOMBRE APORTANTE          | DIRECCIÓN                | TELÉFONO     | CORREO             | EXONERADO PAGO PARAFISCALES Y SALUD |
| CC                  | 1007101456        | yuly padilla niño castaño | carrera 99a bis #140b-37 | 3102065371   | yupanica@gmail.com |                                     |
| FORMA PRESENTACIÓN  | CLASE APORTANTE   | NOMBRE SUCURSAL           | CÓDIGO                   | DEPARTAMENTO | CUIDAD / MUNICIPIO |                                     |
| UNICA               | 1 - Independiente |                           |                          | BOGOTÁ D. C. | BOGOTÁ D.C.        | NO                                  |

| DATOS DE LA PLANILLA |                                   |               |                          |                 |               |     |
|----------------------|-----------------------------------|---------------|--------------------------|-----------------|---------------|-----|
| PLANILLA ASOCIADA    | FECHA PAGO ASOCIADA (DIA/MES/AÑO) | TIPO PLANILLA | FECHA PAGO (DIA/MES/AÑO) | NÚMERO PLANILLA | CANTIDAD      |     |
|                      |                                   |               |                          |                 | EMPLEADOS     | UPC |
|                      |                                   |               |                          |                 | 1             | 0   |
| PERIODO SALUD        | PERIODO PENSIONES                 |               |                          |                 | TOTAL A PAGAR |     |
| 2018-10              | 2018-10                           | 1             | 14/11/2018               | 31198259        | \$371.300     |     |

## TOTALES POR SUBSISTEMAS

| TOTALES SALUD |              |             |                        |               |                  |       |                     |       |               |
|---------------|--------------|-------------|------------------------|---------------|------------------|-------|---------------------|-------|---------------|
| Código EPS    | Nombre       | NIT         | Cotización Obligatoria | UPC Adicional | Incapacidades    |       | Licencia Maternidad |       | No. Afiliados |
|               |              |             |                        |               | No. Autorización | Valor | No. Autorización    | Valor |               |
| EPS016        | Comensal EPS | 805000427-1 | 150.000                | 0             | 0                | 0     | 0                   | 0     | 1             |

## TOTALES PENSION

| Código AFP | Nombre                        | NIT         | Cotización Obligatoria | Aporte Voluntario Afiliado | Aporte Voluntario Aportante | Aporte FSP - Solidaridad | Aporte FSP - Subsistencia | Días Mora | Valor Mora Cotización | Valor Mora FSP | Total a Pagar | No. Afiliados |
|------------|-------------------------------|-------------|------------------------|----------------------------|-----------------------------|--------------------------|---------------------------|-----------|-----------------------|----------------|---------------|---------------|
| 200201     | Proteccion (ING + Proteccion) | 800028739-0 | 192.000                | 0                          | 0                           | 0                        | 0                         | 0         | 0                     | 0              | 192.000       | 1             |

## TOTALES RIESGOS LABORALES

| Código ART | Nombre              | NIT         | Cotización Obligatoria | Incapacidades |       | Aportes Otros Sistemas | Valor Neto Cotización | Días Mora | Valor Mora Cotización | Subtotal Cotización | No. Radicado Saldo a Favor | Valor Saldo a Favor | Fondo Solidaridad | Total a Pagar | No. Afiliados |
|------------|---------------------|-------------|------------------------|---------------|-------|------------------------|-----------------------|-----------|-----------------------|---------------------|----------------------------|---------------------|-------------------|---------------|---------------|
| 14-7       | Seguros Bolívar S.A | 860002503-2 | 29.300                 |               | Valor |                        | 29.300                | 0         | 0                     | 29.300              |                            |                     | 293               | 29.300        | 1             |

## TOTALES CAJAS

| Código CCF | Nombre | NIT | Valor Aporte | Días Mora | Valor Mora Aporte | Total a Pagar | No. Afiliados |
|------------|--------|-----|--------------|-----------|-------------------|---------------|---------------|
|------------|--------|-----|--------------|-----------|-------------------|---------------|---------------|

## TOTALES PARAFISCALES

| Valor Aporte | Días Mora | Valor Mora Aporte | Total a Pagar | No. Afiliados |
|--------------|-----------|-------------------|---------------|---------------|
| SENA         |           |                   |               |               |
| 0            | 0         | 0                 | 0             | 0             |
| ICBF         |           |                   |               |               |
| 0            | 0         | 0                 | 0             | 0             |
| ESAP         |           |                   |               |               |
|              |           |                   |               |               |
| MEN          |           |                   |               |               |
|              |           |                   |               |               |

## TOTALES POR SUBSISTEMA

| Tipo Administradora | No. Administradoras Reportadas | Valor antes de IGE, LMA, IGP y Mora | Total a Pagar  |
|---------------------|--------------------------------|-------------------------------------|----------------|
| Salud               | 1                              | 150.000                             | 150.000        |
| Pension             | 1                              | 192.000                             | 192.000        |
| Riesgos Laborales   | 1                              | 29.300                              | 29.300         |
| CCF                 | 0                              | 0                                   | 0              |
| ESAP                | 0                              | 0                                   | 0              |
| ICBF                | 0                              | 0                                   | 0              |
| MEN                 | 0                              | 0                                   | 0              |
| SENA                | 0                              | 0                                   | 0              |
| <b>TOTALES</b>      | <b>3</b>                       | <b>371.300</b>                      | <b>371.300</b> |

# PLANILLA INTEGRADA DE AUTOLIQUIDACION DE APORTES



| DATOS DEL APORTANTE |                   |                          |                          |              |                                     |
|---------------------|-------------------|--------------------------|--------------------------|--------------|-------------------------------------|
| TIPO                | NÚMERO            | NOMBRE APORTANTE         | DIRECCIÓN                | TELÉFONO     | CORREO                              |
| CC                  | 1007101456        | Yuly paulin rolo castaño | carrera 95a bis #140b-37 | 3102065371   | yulianca@gmail.com                  |
| FORMA PRESENTACIÓN  | CLASE APORTANTE   | NOMBRE SUCURSAL          | CÓDIGO                   | DEPARTAMENTO | CUIDAD / MUNICIPIO                  |
| UNICA               | I - Independiente |                          |                          | BOGOTÁ D.C.  | BOGOTÁ D.C.                         |
|                     |                   |                          |                          |              | EXONERADO PAGO PARAFISCALES Y SALUD |
|                     |                   |                          |                          |              | NO                                  |

| DATOS DE LA PLANILLA |                                    |               |                           |                 |               |
|----------------------|------------------------------------|---------------|---------------------------|-----------------|---------------|
| PLANILLA ASOCIADA    | FECHA PAGO ASOCIADA (DÍAS/MES/AÑO) | TIPO PLANILLA | FECHA PAGO (DÍAS/MES/AÑO) | NÚMERO PLANILLA | CANTIDAD      |
|                      |                                    |               |                           |                 | EMPL. LEVADOS |
|                      |                                    |               |                           |                 | UPC           |
|                      |                                    |               |                           |                 | 1             |
|                      |                                    |               |                           |                 | 0             |
|                      |                                    |               |                           |                 | TOTAL A PAGAR |
| 2018-10              | 2018-10                            | I             | 14/11/2018                | 31198259        | \$371,300     |

## DETALLE POR COTIZANTE

| INFORMACIÓN COTIZANTE |                       |                     |                        |         |            |                     |                 |    |    |
|-----------------------|-----------------------|---------------------|------------------------|---------|------------|---------------------|-----------------|----|----|
| No. Tipo              | No. de Identificación | Apellidos y Nombres | Cotizante              | Subtipo | Extranjero | Cotización exterior | Extraterritorio | Nº | Nº |
|                       |                       |                     |                        |         |            |                     |                 |    |    |
| 1                     | CC                    | 1007101456          | NÑO CASTAÑO YALYPAULIN | 59      | 0          |                     |                 |    |    |

| DATOS DE LA PLANILLA |                                   |               |                          |                 |               |
|----------------------|-----------------------------------|---------------|--------------------------|-----------------|---------------|
| PLANILLA ASOCIADA    | FECHA PAGO ASOCIADA (DIA/MES/AÑO) | TIPO PLANILLA | FECHA PAGO (DIA/MES/AÑO) | NÚMERO PLANILLA | CANTIDAD      |
|                      |                                   |               | 2018-10-10               |                 | 3273.300      |
|                      |                                   |               |                          |                 | EMPL/EAOS     |
|                      |                                   |               |                          |                 | UPC           |
|                      |                                   |               |                          |                 | 0             |
| PERIODO SALUD        | PERIODO PENSIONES                 |               |                          |                 | TOTAL A PAGAR |
| 2018-09              | 2018-09                           | 1             |                          | 30139866        | \$371.300     |

| TOTALES SALUD |             |            |                        |               |                  |       |                     |       |           |                          |                   |               |               |
|---------------|-------------|------------|------------------------|---------------|------------------|-------|---------------------|-------|-----------|--------------------------|-------------------|---------------|---------------|
| Código EPS    | Nombre      | NIT        | Cotización Obligatoria | UPC Adicional | Incapacidades    |       | Licencia Maternidad |       | Días Mora | Valor Mora<br>Cotización | Valor Mora<br>UPC | Total a Pagar | No. Afiliados |
|               |             |            |                        |               | No. Autorización | Valor | No. Autorización    | Valor |           |                          |                   |               |               |
| EPS016        | Coorvea EPS | 80500427-1 | 150.000                | 0             |                  | 0     |                     | 0     | 0         | 0                        | 0                 | 150.000       | 1             |

| Código AFP | Nombre                        | NIT         | Cotización Obligatoria | Aporte Voluntario Afiliado | Aporte Voluntario Aportante | Aporte FSP - Solidaridad | Aporte FSP - Subsistencia | Días Mora Cotización | Valor Mora Cotización | Valor Mora FSP | Total a Pagar | No. Afiliados |
|------------|-------------------------------|-------------|------------------------|----------------------------|-----------------------------|--------------------------|---------------------------|----------------------|-----------------------|----------------|---------------|---------------|
| 230201     | Proteccion (ING + Proteccion) | 800229739-0 | 192.000                | 0                          | 0                           | 0                        | 0                         | 0                    | 0                     |                | 192.000       | 1             |

| TOTALES RIESGOS LABORALES |                    |             |               |                  |               |          |            |      |            |          |              |                     |       |               |               |
|---------------------------|--------------------|-------------|---------------|------------------|---------------|----------|------------|------|------------|----------|--------------|---------------------|-------|---------------|---------------|
| Código ARL                | Nombre             | NIT         | Incapacidades |                  | Aportes Otros |          | Valor Neto | Días | Valor Mora | Subtotal | No. Radicado | Valor Saldo a Favor | Fondo | Total a Pagar | No. Afiliados |
|                           |                    |             | Obligatoria   | No. Autorización | Valor         | Sistemas |            |      |            |          |              |                     |       |               |               |
| 14-7                      | Siguros Behar S.A. | 860002500-2 | 29,300        |                  |               |          | 29,300     | 0    |            | 29,300   |              |                     | 293   | 29,300        | 1             |

| TOTALES CAJAS |        |     |              |           |                   |               |               |
|---------------|--------|-----|--------------|-----------|-------------------|---------------|---------------|
| Código CCF    | Nombre | NIT | Valor Aporte | Días Mora | Valor Mora Aporte | Total a Pagar | No. Afiliados |

| Valor Aporte | Dias Mora | Valor Mora Aporte | Total a Pagar | No. Afiliados |
|--------------|-----------|-------------------|---------------|---------------|
|--------------|-----------|-------------------|---------------|---------------|

| TOTALES POR SUBSISTEMA |                               |                                     |                |
|------------------------|-------------------------------|-------------------------------------|----------------|
| Tipo Administradora    | No. Administradoras Repetidas | Valor antes de IGE, LMA, IPR y Mora | Total a Pagar  |
| Salud                  | 1                             | 150.000                             | 150.000        |
| Pensión                | 1                             | 192.000                             | 192.000        |
| Riesgos Laborales      | 1                             | 29.300                              | 29.300         |
| CCF                    | 0                             | 0                                   | 0              |
| ESAP                   | 0                             | 0                                   | 0              |
| ICBF                   | 0                             | 0                                   | 0              |
| MENA                   | 0                             | 0                                   | 0              |
| SENA                   | 0                             | 0                                   | 0              |
| <b>TOTALES</b>         | <b>3</b>                      | <b>371.300</b>                      | <b>371.300</b> |

| DATOS DE LA PLANILLA |                                   |               |                          |                 |               |     |
|----------------------|-----------------------------------|---------------|--------------------------|-----------------|---------------|-----|
| PLANILLA ASOCIADA    | FECHA PAGO ASOCIADA (DIA/MES/AÑO) | TIPO PLANILLA | FECHA PAGO (DIA/MES/AÑO) | NÚMERO PLANILLA | CANTIDAD      |     |
|                      |                                   |               |                          |                 | EMPLEADOS     | UTC |
|                      |                                   |               |                          |                 | 1             | 0   |
| PERIODO SALUD        | PERIODO PRECIONES                 |               |                          |                 | TOTAL A PAGAR |     |
| 2018-09              | 2018-09                           | 1             |                          | 30135666        | \$371,300     |     |

[illegible]

Este documento está clasificado como PRIVADO por parte de Compensar Operador de Información

| Secretaría de Salud<br>Subred Integrada de Servicios de Salud<br>Centro Oriente E.S.E.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SUBRED INTEGRADA DE SERVICIOS DE SALUD CENTRO ORIENTE E.S.E.<br>APOYO - GESTIÓN DE INSUMOS Y ABASTECIMIENTO<br>FORMATO INFORME Y CUENTA DE COBRO                                                                                                                                                                                                                                                                                     | CÓDIGO: AP-IA-FT-014<br>VERSIÓN: 01<br>FECHA: 2017-07-07                                                                                                           |                          |                      |                      |              |               |               |            |            |   |               |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |        |                  |               |                      |                    |   |       |              |            |            |   |        |              |            |            |   |            |              |            |            |   |         |              |            |          |   |           |              |            |          |   |           |              |            |          |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
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|--|----|--|--|--|--|
| <b>1. DATOS GENERALES DEL CONTRATO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                    |                          |                      |                      |              |               |               |            |            |   |               |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |        |                  |               |                      |                    |   |       |              |            |            |   |        |              |            |            |   |            |              |            |            |   |         |              |            |          |   |           |              |            |          |   |           |              |            |          |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| No. CONTRATO - OPS: <b>PS 4867 2018</b> C.D.P. No.: <b>2423</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                      | Proceso al que pertenece: <b>PLAN DE SALUD PUBLICA DE INTERVENCIONES COLECTIVAS - PSPIC</b><br>Unidad a la que pertenece: <b>SALUD PUBLICA - ESPACIO EDUCACION</b> |                          |                      |                      |              |               |               |            |            |   |               |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |        |                  |               |                      |                    |   |       |              |            |            |   |        |              |            |            |   |            |              |            |            |   |         |              |            |          |   |           |              |            |          |   |           |              |            |          |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| Nombre del Contratista: <b>YULY PAULIN NIÑO CASTAÑO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                      | C.C.: <b>1.007.101.456</b> de: <b>BOGOTÁ</b>                                                                                                                       |                          |                      |                      |              |               |               |            |            |   |               |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |        |                  |               |                      |                    |   |       |              |            |            |   |        |              |            |            |   |            |              |            |            |   |         |              |            |          |   |           |              |            |          |   |           |              |            |          |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| Fecha Inicio: <b>2018-07-09</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Fecha Terminación inicial: <b>2018-08-08</b>                                                                                                                                                                                                                                                                                                                                                                                         | Valor Mensual: <b>\$ 3.000.000</b> Valor a cobrar: <b>\$ 3.000.000</b>                                                                                             |                          |                      |                      |              |               |               |            |            |   |               |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                    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| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>ADICIÓN / OTRO SI</th> <th>VALOR ADICIÓN</th> <th>CDP</th> <th>FECHA DE INICIO</th> <th>FECHA DE TERMINACIÓN</th> </tr> <tr><td>1</td><td>\$ 2.800.000</td><td>2807</td><td>2018-08-09</td><td>2018-09-08</td></tr> <tr><td>2</td><td>\$ 11.553.333</td><td>2857</td><td>2018-09-09</td><td>2019-01-03</td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td></td><td></td></tr> <tr><td>10</td><td></td><td></td><td></td><td></td></tr> <tr><td>11</td><td></td><td></td><td></td><td></td></tr> <tr><td>12</td><td></td><td></td><td></td><td></td></tr> <tr><td>13</td><td></td><td></td><td></td><td></td></tr> <tr><td>14</td><td></td><td></td><td></td><td></td></tr> <tr><td>15</td><td></td><td></td><td></td><td></td></tr> <tr><td>16</td><td></td><td></td><td></td><td></td></tr> <tr><td>17</td><td></td><td></td><td></td><td></td></tr> <tr><td>18</td><td></td><td></td><td></td><td></td></tr> <tr><td>19</td><td></td><td></td><td></td><td></td></tr> <tr><td>20</td><td></td><td></td><td></td><td></td></tr> <tr><td>21</td><td></td><td></td><td></td><td></td></tr> <tr><td>22</td><td></td><td></td><td></td><td></td></tr> </table> | ADICIÓN / OTRO SI                                                                                                                                                                                                                                                                                                                                                                                                                    | VALOR ADICIÓN                                                                                                                                                      | CDP                      | FECHA DE INICIO      | FECHA DE TERMINACIÓN | 1            | \$ 2.800.000  | 2807          | 2018-08-09 | 2018-09-08 | 2 | \$ 11.553.333 | 2857 | 2018-09-09 | 2019-01-03 | 3 |  |  |  |  | 4 |  |  |  |  | 5 |  |  |  |  | 6 |  |  |  |  | 7 |  |  |  |  | 8 |  |  |  |  | 9 |  |  |  |  | 10 |  |  |  |  | 11 |  |  |  |  | 12 |  |  |  |  | 13 |  |  |  |  | 14 |  |  |  |  | 15 |  |  |  |  | 16 |  |  |  |  | 17 |  |  |  |  | 18 |  |  |  |  | 19 |  |  |  |  | 20 |  |  |  |  | 21 |  |  |  |  | 22 |  |  |  |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Nº CTA</th> <th>MES DE CUENTA DE</th> <th>VALOR A PAGAR</th> <th>VALOR PAGO SEGURIDAD</th> <th>NÚMERO DE PLANILLA</th> </tr> <tr><td>1</td><td>Julio</td><td>\$ 2.053.333</td><td>\$ 263.700</td><td>8328889798</td></tr> <tr><td>2</td><td>Agosto</td><td>\$ 2.800.000</td><td>\$ 346.500</td><td>8329573295</td></tr> <tr><td>3</td><td>Septiembre</td><td>\$ 3.000.000</td><td>\$ 346.501</td><td>8329573296</td></tr> <tr><td>4</td><td>Octubre</td><td>\$ 3.000.000</td><td>\$ 371.300</td><td>30139866</td></tr> <tr><td>5</td><td>Noviembre</td><td>\$ 3.000.000</td><td>\$ 371.300</td><td>31188299</td></tr> <tr><td>6</td><td>Diciembre</td><td>\$ 3.000.000</td><td>\$ 371.300</td><td>31499491</td></tr> <tr><td>7</td><td></td><td></td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td></td><td></td></tr> <tr><td>10</td><td></td><td></td><td></td><td></td></tr> <tr><td>11</td><td></td><td></td><td></td><td></td></tr> <tr><td>12</td><td></td><td></td><td></td><td></td></tr> <tr><td>13</td><td></td><td></td><td></td><td></td></tr> <tr><td>14</td><td></td><td></td><td></td><td></td></tr> <tr><td>15</td><td></td><td></td><td></td><td></td></tr> <tr><td>16</td><td></td><td></td><td></td><td></td></tr> <tr><td>17</td><td></td><td></td><td></td><td></td></tr> <tr><td>18</td><td></td><td></td><td></td><td></td></tr> <tr><td>19</td><td></td><td></td><td></td><td></td></tr> <tr><td>20</td><td></td><td></td><td></td><td></td></tr> <tr><td>21</td><td></td><td></td><td></td><td></td></tr> <tr><td>22</td><td></td><td></td><td></td><td></td></tr> </table> |  | Nº CTA | MES DE CUENTA DE | VALOR A PAGAR | VALOR PAGO SEGURIDAD | NÚMERO DE PLANILLA | 1 | Julio | \$ 2.053.333 | \$ 263.700 | 8328889798 | 2 | Agosto | \$ 2.800.000 | \$ 346.500 | 8329573295 | 3 | Septiembre | \$ 3.000.000 | \$ 346.501 | 8329573296 | 4 | Octubre | \$ 3.000.000 | \$ 371.300 | 30139866 | 5 | Noviembre | \$ 3.000.000 | \$ 371.300 | 31188299 | 6 | Diciembre | \$ 3.000.000 | \$ 371.300 | 31499491 | 7 |  |  |  |  | 8 |  |  |  |  | 9 |  |  |  |  | 10 |  |  |  |  | 11 |  |  |  |  | 12 |  |  |  |  | 13 |  |  |  |  | 14 |  |  |  |  | 15 |  |  |  |  | 16 |  |  |  |  | 17 |  |  |  |  | 18 |  |  |  |  | 19 |  |  |  |  | 20 |  |  |  |  | 21 |  |  |  |  | 22 |  |  |  |  |
| ADICIÓN / OTRO SI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                                                              | FECHA DE INICIO          | FECHA DE TERMINACIÓN |                      |              |               |               |            |            |   |               |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                      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                                                                                                              | 2018-08-09               | 2018-09-08           |                      |              |               |               |            |            |   |               |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                      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| Resumen de contrato                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>VALOR INICIAL DEL CONTRATO</th> <th>VALOR TOTAL DEL CONTRATO</th> <th>PAGOS REALIZADOS</th> <th>SALDO DEL CONTRATO</th> </tr> <tr> <td style="text-align: center;">\$ 2.800.000</td> <td style="text-align: center;">\$ 17.153.333</td> <td style="text-align: center;">\$ 16.853.333</td> <td style="text-align: center;">\$ 300.000</td> </tr> </table> | VALOR INICIAL DEL CONTRATO                                                                                                                                         | VALOR TOTAL DEL CONTRATO | PAGOS REALIZADOS     | SALDO DEL CONTRATO   | \$ 2.800.000 | \$ 17.153.333 | \$ 16.853.333 | \$ 300.000 |            |   |               |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |        |                  |               |                      |                    |   |       |              |            |            |   |        |              |            |            |   |            |              |            |            |   |         |              |            |          |   |           |              |            |          |   |           |              |            |          |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |
| VALOR INICIAL DEL CONTRATO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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                                                                                                              | SALDO DEL CONTRATO       |                      |                      |              |               |               |            |            |   |               |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                      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| \$ 2.800.000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <b>2. INFORME DE ACTIVIDADES REALIZADAS Y AVANCE EN CUMPLIMIENTO DEL OBJETO DEL CONTRATO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <b>OBJETO DEL CONTRATO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| PRESTAR SERVICIOS PROFESIONALES EN PSICOLOGIA DESARROLLANDO ACTIVIDADES EN EL PLAN DE SALUD PUBLICA DE INTERVENCIONES COLECTIVAS DE LA SUBRED INTEGRADA DE SERVICIOS DE SALUD CENTRO ORIENTE E.S.E.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Relación de actividades para el periodo:    Desde: <b>2018-12-01</b> Hasta: <b>2018-12-30</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| OBLIGACIONES ESPECÍFICAS<br>(Las estipuladas en la minuta)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DESCRIPCIÓN DEL DESARROLLO<br>ACTIVIDADES O PRODUCTOS DESARROLLADOS EN EL PERIODO EN CUMPLIMIENTO DE CADA OBLIGACIÓN                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                    |                          |                      |                      |              |               |               |            |            |   |               |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                      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| 1. Prestar sus servicios para el desarrollo de las actividades en el marco del contrato suscrito con FFD y la ESD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Realizar las vacaciones recreativas durante el receso escolar.                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                    |                          |                      |                      |              |               |               |            |            |   |               |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                           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| 2. Apoyar la prestación de servicios en el PIC presentando la información y/o soportes que soliciten y que corresponde al objeto y/o actividades contractuales y de acuerdo a los anexos y lineamientos contenidos en el contrato suscrito con el fondo financiero distrital.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Asistencia a reuniones y encuentros necesarios dentro del espacio, presentar cronograma y asistir a demás reuniones.                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                    |                          |                      |                      |              |               |               |            |            |   |               |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                           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| 3. Presentar mensualmente el cronograma de actividades a desarrollar.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Diligenciamiento del cronograma mensualmente en el que se consignen las actividades programadas durante el mes siguiente acordes a las acciones establecidas en el lineamiento                                                                                                                                                                                                                                                       |                                                                                                                                                                    |                          |                      |                      |              |               |               |            |            |   |               |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                           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| 4. Apoyar las actividades inherentes al objeto del contrato para el mejoramiento continuo de calidad y aquellas definidas dentro de los planes de mejoramiento de los diferentes estándares de habilitación y acreditación de servicios de salud.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Brindar apoyo a las actividades para el mejoramiento de la calidad frente a los estándares de habilitación y acreditación.                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    |                          |                      |                      |              |               |               |            |            |   |               |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                           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| 5. Realizar las visitas en campo de acuerdo a los anexos operativos de cada espacio de vida o componente transversal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Realizar asistencia a las instituciones educativas correspondientes.                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                    |                          |                      |                      |              |               |               |            |            |   |               |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                           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| 6. Diligenciar de manera completa, adecuada, ordenada y legible todos los formatos requeridos en las diferentes intervenciones de acuerdo a los anexos operativos de cada espacio de vida o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Presentar todos los soportes de las actividades realizadas de forma legible, clara y ordenada.                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                    |                          |                      |                      |              |               |               |            |            |   |               |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                           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| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Observaciones:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Se anexa certificación de pago a Salud, pensión y ARL.<br>En caso de tener contrato nuevo se debe anexar también la certificación bancaria con la primera cuenta de cobro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                      | <br>Firma del Contratista                                                                                                                                          |                          |                      |                      |              |               |               |            |            |   |               |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                      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                                                                                                              |                          |                      |                      |              |               |               |            |            |   |               |      |            |            |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                      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| VISTO BUENO SUPERVISOR DE CONTRATOS |                                   |
|-------------------------------------|-----------------------------------|
| NOMBRE:                             | YOHNNY HERNANDEZ                  |
| CARGO:                              | COORDINADORA DE ESPACIO EDUCACION |
| FIRMA                               |                                   |

**Información básica de la planilla**

**Empresa:** ..... yuly paulin niño castaño  
**NIT:** ..... 1007101456  
**Tipo Planilla:** ..... I  
**Periodo liquidación Pensiones:** ..... noviembre 2018  
**Sucursal o Dependencia:** ..... PRINCIPAL  
**Periodo liquidación Salud:** ..... noviembre 2018  
**Número de Radicación:** ..... 31499491  
**Total a pagar:** ..... \$372,500  
**Fecha de vencimiento:** ..... 13/12/2018  
**Total de empleados:** ..... 1  
**Fecha de Pago:** ..... 17/12/2018  
**Número de Administradoras:** ..... 3

**Detalles del pago**

**Razón social recaudo:** ..... Compensar OI  
**Nit recaudo:** ..... 9998600669427  
**Descripción:** ..... MiPlanilla.com Pago Protección Social  
**Medio de Pago:** ..... Pago Electronico por PSE  
**Banco:** ..... BANCO DAVIVIENDA  
**Número Autorización:** ..... 395875988  
**Estado de la transacción:** ..... Transacción aprobada

| Código | NIT       | Administradoras               | Num. Afiliados | * Número de incapacidad por riesgos laborales | Valor descontado en incapacidad y/o licencia | Total Pagado |
|--------|-----------|-------------------------------|----------------|-----------------------------------------------|----------------------------------------------|--------------|
| 14-7   | 860002503 | Cia. de Seguros Bolívar S.A.  | 1              |                                               | \$0                                          | \$29,400     |
| 230201 | 800229739 | Proteccion (ING + Proteccion) | 1              |                                               | \$0                                          | \$192,600    |
| EPS016 | 805000427 | Cooomeva EPS                  | 1              |                                               | \$0                                          | \$150,500    |
|        |           |                               |                |                                               |                                              | \$372,500    |

**\*Si descontó incapacidades o notas crédito debe informar a la administradora correspondiente los descuentos.**

Le informamos que el pago de la planilla No. 31499491, fue posterior a la fecha límite establecida en el Decreto 1670 de 2007. Sin embargo, para las administradoras el recibir el aporte no implica que esté aceptando o se esté allanando a la mora, ya que la Ley establece la obligatoriedad de recibirlo, al igual que para los empleadores y aportantes la obligación de cotizar oportunamente, lo que permite el reconocimiento de las prestaciones económicas (Incapacidades, Licencias de Maternidad y Paternidad), evitando además, el recobro al empleador o trabajador independiente de los servicios prestados durante el periodo de pago extemporáneo.

| DATOS DEL APORTANTE |                   |                          |        |                          |                    |                    |
|---------------------|-------------------|--------------------------|--------|--------------------------|--------------------|--------------------|
| TIPO                | NÚMERO            | NOMBRE APORTANTE         |        | DIRECCIÓN                | TELÉFONO           | CORREO             |
| CC                  | 1007101456        | yuly paulin niño castaño |        | carrera 99a bis #140b-37 | 3102085371         | yuparica@gmail.com |
| FORMA PRESENTACIÓN  | CLASE APORTANTE   | NOMBRE SUCURSAL          | CÓDIGO | DEPARTAMENTO             | CIUDAD / MUNICIPIO |                    |
| UNICA               | I - Independiente |                          |        | BOGOTÁ D. C.             | BOGOTÁ D. C.       |                    |

| DATOS DE LA PLANILLA |                                      |                  |                             |                    |                           |
|----------------------|--------------------------------------|------------------|-----------------------------|--------------------|---------------------------|
| PLANILLA ASOCIADA    | FECHA PAGO ASOCIADA<br>(DIA/MES/AÑO) | TIPO<br>PLANILLA | FECHA PAGO<br>(DIA/MES/AÑO) | NÚMERO<br>PLANILLA | CANTIDAD<br><br>EMPLEADOS |
|                      |                                      |                  | 2017/12/17                  |                    | UPC<br>303492580          |
| PERIODO SALUD        |                                      |                  |                             |                    | 1                         |
|                      |                                      |                  |                             |                    | 0                         |
|                      |                                      |                  |                             |                    | TOTAL A PAGAR             |
| 2018-11              | 2018-11                              | I                | 17/12/2018                  | 31499491           | \$372.500                 |

**TOTALES POR SUBSISTEMAS**

| TOTALES SALUD |             |             |                        |               |                  |       |                     |       |           |                       |                |               |               |
|---------------|-------------|-------------|------------------------|---------------|------------------|-------|---------------------|-------|-----------|-----------------------|----------------|---------------|---------------|
| Código EPS    | Nombre      | NIT         | Cotización Obligatoria | UPC Adicional | Incapacidades    |       | Licencia Maternidad |       | Días Mora | Valor Mora Cotización | Valor Mora UPC | Total a Pagar | No. Afiliados |
|               |             |             |                        |               | No. Autorización | Valor | No. Autorización    | Valor |           |                       |                |               |               |
| EPS016        | Coomeva EPS | 805000427-1 | 150.000                | 0             | 0                | 0     | 0                   | 0     | 4         | 500                   | 0              | 150.500       | 1             |

**TOTALES PENSIÓN**

| Código AFP | Nombre                        | NIT         | Cotización Obligatoria | Aporte Voluntario Afiliado | Aporte Voluntario Aportante | Aporte FSP - Solidaridad | Aporte FSP - Subsistencia | Días Mora | Valor Mora Cotización | Valor Mora FSP | Total a Pagar | No. Afiliados |
|------------|-------------------------------|-------------|------------------------|----------------------------|-----------------------------|--------------------------|---------------------------|-----------|-----------------------|----------------|---------------|---------------|
| 230201     | Proteccion (ING + Protección) | 800229739-0 | 192.000                | 0                          | 0                           | 0                        | 0                         | 4         | 500                   | 0              | 192.600       | 1             |

**TOTALES RIESGOS LABORALES**

| Código ARL | Nombre               | NIT         | Cotización  |       | Aportes Otros | Valor Neto | Días | Valor Mora | Subtotal | No. Radicado | Valor Saldo a Favor | Fondo | Total a Pagar | No. Afiliados |
|------------|----------------------|-------------|-------------|-------|---------------|------------|------|------------|----------|--------------|---------------------|-------|---------------|---------------|
|            |                      |             | Obligatoria | Valor |               |            |      |            |          |              |                     |       |               |               |
| 14-7       | Seguros Bolívar S.A. | 860002503-2 | 29.300      |       |               | 29.300     | 4    | 100        | 29.400   |              |                     | 293   | 29.400        | 1             |

**TOTALES CAJAS**

| Código CCF | Nombre | NIT | Valor Aporte | Días Mora | Valor Mora Aporte | Total a Pagar | No. Afiliados |
|------------|--------|-----|--------------|-----------|-------------------|---------------|---------------|
|------------|--------|-----|--------------|-----------|-------------------|---------------|---------------|

**TOTALES PARAFISCALES**

| Valor Aporte | Días Mora | Valor Mora Aporte | Total a Pagar | No. Afiliados |
|--------------|-----------|-------------------|---------------|---------------|
| SENA         |           |                   |               |               |
| 0            | 0         | 0                 | 0             | 0             |
| ICBF         |           |                   |               |               |
| 0            | 0         | 0                 | 0             | 0             |
| ESAP         |           |                   |               |               |
|              |           |                   |               |               |
| MEN          |           |                   |               |               |
|              |           |                   |               |               |

**TOTALES POR SUBSISTEMA**

| Tipo Administradora | No. Administradoras Reportadas | Valor antes de IOE, LMA, IRP y Mora | Total a Pagar  |
|---------------------|--------------------------------|-------------------------------------|----------------|
| Salud               | 1                              | 150 000                             | 150 500        |
| Pensión             | 1                              | 192 000                             | 192 600        |
| Riesgos Laborales   | 1                              | 29 300                              | 29 400         |
| CCF                 | 0                              | 0                                   | 0              |
| ESAP                | 0                              | 0                                   | 0              |
| ICBF                | 0                              | 0                                   | 0              |
| MEN                 | 0                              | 0                                   | 0              |
| SENA                | 0                              | 0                                   | 0              |
| <b>TOTALES</b>      | <b>3</b>                       | <b>371 300</b>                      | <b>372 500</b> |

| DATOS DEL APORTANTE |                   |                                     |                          |
|---------------------|-------------------|-------------------------------------|--------------------------|
| TIPO                | NÚMERO            | NOMBRE APORTANTE                    | DIRECCIÓN                |
| CC                  | 1007101456        | yuly paulin niño castaño            | carrera 96a bis #140p-37 |
| FORMA PRESENTACIÓN  | CLASE APORTANTE   | NOMBRE SUCURSAL                     | CÓDIGO                   |
| UNICA               | 1 - Independiente |                                     |                          |
|                     |                   | DEPARTAMENTO                        | CIUDAD / MUNICIPIO       |
|                     |                   | BOGOTÁ D. C.                        | BOGOTÁ D. C.             |
|                     |                   | TELÉFONO                            | CORREO                   |
|                     |                   | 3102065371                          | yupanca@gmail.com        |
|                     |                   | EXONERADO PAGO PARAFISCALES Y SALUD |                          |
|                     |                   | NO                                  |                          |

| DATOS DE LA PLANILLA |                                  |               |                         |                 |               |
|----------------------|----------------------------------|---------------|-------------------------|-----------------|---------------|
| PLANILLA ASOCIADA    | FECHA PAGO ASOCIADA (DIAMES/AÑO) | TIPO PLANILLA | FECHA PAGO (DIAMES/AÑO) | NÚMERO PLANILLA | CANTIDAD      |
|                      |                                  |               |                         |                 | EMPL EADOS    |
|                      |                                  |               |                         |                 | UPC           |
|                      |                                  |               |                         |                 | 1             |
|                      |                                  |               |                         |                 | TOTAL A PAGAR |
|                      | 2018-11                          | 2018-11       | 17/12/2018              | 31499491        | \$372.500     |

| DETALLE POR COTIZANTE |      |  | INFORMACIÓN COTIZANTE |                     |  |  |           |  |  |                  |  |  | INFORMACIÓN NOVEDADES |  |  |            |  |  |            |  |  |            | PENSIÓN |  |            |  |  | SALUD      |  |  |            |  | RIESGOS LABORALES |            |  |  | CCF        |  |  | PARAFISCALES |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |            |  | 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| No.                   | Tipo |  | No. de identificación | Apellidos y Nombres |  |  | Cotizador |  |  | Cuentas externas |  |  | Extranjero            |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |         |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |                   | Extranjero |  |  | Extranjero |  |  | Extranjero   |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  |  | Extranjero |  | 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