La Estrella, 30 de enero de 2026

CUENTA DE COBRO Nº 001

CONTRATO N°. CMC-001 DE 2025

EL CONCEJO MUNICIPAL DE LA ESTRELLA con NIT 890980782-4 debe al Señor **DIEGO EDISON GRAJALES HENAO**, identificado con cédula de ciudadanía Nº 71.338.205 DE MEDELLIN-ANTIOQUIA, la suma de **VEINTINUEVE MILLONES NOVECIENTOS OCHENTA MIL PESOS ($29.980.000).** por objeto: DISEÑO, DIAGRAMACIÓN, IMPRECIÓN Y DISTRIBUCIÓN PUERTA A PUERTA DE 15.000 EJEMPLARES DE PERIÓDICO EN EL MUNICIPIO DE LA ESTRELLA Y MUNICIPIOS DEL SUR DEL VALLE DE ABURRÁ EN EL QUE SE DÉ A CONOCER EL INFORME DE GESTIÓN DEL HONORABLE CONCEJO MUNICIPAL. ENTRGA DE UNA EDICIÓN DIGITAL DEL PERÓDICO PARA SER PUBLICADO EN LAS REDES SOCIALES DE LA CORPORACION.

DATOS BANCARIOS:

Entidad: Bancolombia
Tipo de cuenta: Ahorros
N° 243643659-06

DIEGO EDISON GRAJALES HENAO
CC: 71.338.205
Dirección de notificación: Calle 87 Sur #65a-371
Teléfono: 3017384428
La Estrella. - Antioquia

INFORME DE ACTIVIDADES Y ACTA DE INTERVENTORÍA Y/O SUPERVISIÓN			Concejo de La Estrella
Versión: 02	Código: 210.PO08.PR01-10	Fecha aprobación:26 /noviembre / 2021.	

CONTRATO	**Nº CMC-001 DE 2025**
CONTRATANTE:	CONCEJO MUNICIPAL DE LA ESTRELLA
CONTRATISTA:	DIEGO EDISON GRAJALES HENAO
INTERVENTOR:	DANIEL ANGEL GUERRA
OBJETO:	DISEÑO, DIAGRAMACIÒN, IMPRESIÒN Y DISTRIOBUCIÒN PUERTA PUERTA DE 15.000 EJEMPLARES DE PERIÒDICO EN EL MUNICIPIO DE LA ESTRELLA Y MUNICIPIOS DEL SUR DEL VALLE DE ABURRÀ EN EL QUE SE DÈ A CONOCER EL INFORME DE GESTIÒN DEL HONORABLE CONCEJO MUNICIPAL. ADICIONALMENTE EL CONTRATISTA DEBERÀ GENERAR UNA EDICIÒN DIGITAL DEL PERIÒDICO PARA SER PUBLICADA EN LAS REDES SOCIALES DE LA CORPORACIÒN.
VALOR:	VEINTINUEVE MILLONES NOVECIENTOS OCHENTA MIL PESOS ($ 29'980. 000.oo)
PLAZO:	OCHO (8) DIAS CONTADOS A PARTIR DE LA PUESTA EN EJECUCIÓN EN LA PLATAFORMA SECOP II.
FECHA DE INICIO:	Diciembre 22 de 2025
OTRO SI N.01:	SI
VALOR OTRO SI:	N/A
PLAZO OTRO SI:	OCHO DÌAS (8)

ASISTENTES A LA REUNIÓN			
INTERVENTOR (ES)	**DANIEL ANGEL GUERRA**		
POR PARTE DEL CONTRATISTA	**DIEGO EDISON GRAJALES HENAO**		
LUGAR DONDE SE REALIZA LA REUNION	**CONCEJO MUNICIPAL DE LA ESTRELLA**		
HORA DE INICIO	**8.00 AM**	**HORA DE FINALIZACIÓN**	**10:00 AM**

VERIFICACION DEL CUMPLIMIENTO DE LOS COMPROMISOS Y/O ACTIVIDADES CONTEMPLADAS EN EL CONTRATO			
ACTIVIDAD **(Traer del contrato o la Orden de Servicio)**	**ACTIVIDADES REALIZADAS EN EL PERIODO**	**OBSERVACIONES**	**CALIFICACIÓN CUALITATIVA DEL**

			INTERVENTOR
1. Recolección registro fotográfico	La contratista presentó por su cuenta un registro fotográfico para ser incluido en el diseño	Se anexa registro fotográfico	✓
2. Realización de entrevistas a la presidenta y algunos concejales	El contratista realizó las entrevistas necesarias	Están incluidas en el periódico	✓
3. Diseño, diagramación e impresión de 15.000 periódicos en papel blanco alternative de 51.8 gramos. 4x4 tintas, 35x 24.8 cms cerrado, 16 páginas.	El contratista realizó el diseño, la diagramación y la impresión del periódico en la cantidad y con lase especificaciones contenidas en el contrato.	Se anexa y se entrega copia digital del periódico.	✓
4. Distribución del periódico puerta a puerta por la cabecera municipal, el centro poblado Pueblo viejo y la Tablaza además de algunas zonas de los municipios vecinos.	El contratista entregó en la modalidad puerta a puerta los 15.000 ejemplares así: 800 en el CAME, 1.000 en Sabaneta, 1.000 en Itagüí, 600 en Caldas, 900 en Envigado, 200 en Pueblo Viejo, 1.850 en La Tablaza, 8.650 en la cabecera municipal en los diferentes barrios y en las salidas de los oficios religiosos (misas).	Se anexa registro fotográfico	✓

Califique de 1 a 5 según el grado de satisfacción. Donde 1 es el mínimo y 5 es el máximo

OPCIONES PARA EVALUAR	1	2	3	4	5
Cumplimiento al objeto contratado					✓
Calidad de las especificaciones del bien o servicio					✓
Cumplimiento de la entrega					✓
Atención y cumplimiento a los requerimientos entregados al contratista					✓

COMPROMISOS ADQUIRIDOS EN LA INTERVENTORIA

COMPROMISO	FECHA DE ENTREGA	RESPONSABLE

BALANCE GENERAL DEL CONTRATO

Concepto	Valor
Valor inicial del contrato	$29'980. 000.oo
Valor Adiciones	$0
Valor Total del Contrato	$29'980. 000.oo
Valor pagado	$0
Valor causado que no se ha pagado	$29'980. 000.oo
Valor total ejecutado	$29.980. 000.oo
Saldo	$0

PAGOS REALIZADOS AL CONTRATISTA

Concepto (Anticipo, actas, pagos)	Fecha	Valor	Orden de pago

FECHA DE LA PROXIMA REUNION	**N/A**

El interventor certifica que el Contratista cumplió satisfactoriamente con las actividades del objeto del contrato durante el periodo comprendido entre el 22 DE DICIEMBRE DE 2025 al 9 de ENERO DE 2026, bajo la factura o cuenta de cobro (o documento equivalente) Nro. 001 fechado el día 30 de ENERO del presente año por un valor de VEINTINUEVE MILLONES NOVECIENTOS OCHENTA MIL PESOS ($29.980.000.oo) **M.L.C** y que los valores de la factura o cuenta de cobro (o documento equivalente) en mención son correctos, por lo que autorizo efectuar el pago. A la fecha se constata que cumplió con la obligación de pago al Sistema de Seguridad Social en Salud, Pensiones y Riesgos Profesionales para el periodo de cobro de conformidad con los preceptos consagrados en la Ley 797 de 2003 – articulo 15 -, Ley 1753 de 2015 – inciso tercero artículo 135 - y el Decreto 1562 de 2012 – artículo 2º.

PARA CONSTANCIA DE LO ANTERIOR, FIRMAN LA PRESENTE ACTA LOS QUE EN ELLA INTERVINIERON A LOS TREINTA (30) DÍAS DE ENERO DE 2026

FIRMA	**FIRMA**
DANIEL ANGEL GUERRA INTERVENTOR	DIEGO EDISON GRAJALES HENAO

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PLANILLA INTEGRADA DE AUTOLIQUIDACION DE APORTES

DATOS DEL APORTANTE							
TIPO	NÚMERO	NOMBRE APORTANTE		DIRECCIÓN	TELÉFONO	CORREO	EXONERADO PAGO PARAFISCALES Y SALUD
CC	71338205	DIEGO EDISON GRAJALES HENAO		carrera 59#79sur-23	6103614	grajalesdiego2023@gmail.com	
FORMA PRESENTACIÓN	CLASE APORTANTE	NOMBRE SUCURSAL	CÓDIGO	DEPARTAMENTO	CIUDAD / MUNICIPIO		
ÚNICA	I – Independiente			ANTIOQUIA	LA ESTRELLA		NO

DATOS DE LA PLANILLA					
PLANILLA ASOCIADA	FECHA PAGO ASOCIADA (DIA/MES/AÑO)	NÚMERO PLANILLA	FECHA PAGO (DIA/MES/AÑO)	CANTIDAD EMPLEADOS	CANTIDAD UPC
		28177185	26/01/2026	1	0
PERIODO SALUD	PERIODO PENSIÓN	TIPO PLANILLA	TOTAL NÓMINA	TOTAL A PAGAR	
2026-01	2026-01	I	$0	$508.300	

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					
EPS010	EPS Sura	800088702-2	218.900	0		0		0	0	0	0	218.900	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 + Proteccion)	800229739-0	280.200	0	0	0	0	0	0		280.200	1

TOTALES RIESGOS LABORALES

Código ARL	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
				No. Autorización	Valor										
14-23	Positiva Seguros	860011153-6	9.200				9.200	0	0	9.200			92	9.200	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, IRP y Mora	Total a Pagar
Salud	1	218.900	218.900
Pensión	1	280.200	280.200
Riesgos Laborales	1	9.200	9.200
CCF	0	0	0
ESAP	0	0	0
ICBF	0	0	0
MEN	0	0	0
SENA	0	0	0
TOTALES	3	508.300	508.300

PAGADA

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

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PLANILLA INTEGRADA DE AUTOLIQUIDACION DE APORTES

DATOS DEL APORTANTE							
TIPO	NÚMERO	NOMBRE APORTANTE		DIRECCIÓN	TELÉFONO	CORREO	EXONERADO PAGO PARAFISCALES Y SALUD
CC	71338205	DIEGO EDISON GRAJALES HENAO		carrera 59#79sur-23	6103614	grajalesdiego2023@gmail.com	
FORMA PRESENTACIÓN	CLASE APORTANTE	NOMBRE SUCURSAL	CÓDIGO	DEPARTAMENTO	CIUDAD / MUNICIPIO		
ÚNICA	I – Independiente			ANTIOQUIA	LA ESTRELLA		NO

DATOS DE LA PLANILLA					
PLANILLA ASOCIADA	FECHA PAGO ASOCIADA (DIA/MES/AÑO)	NÚMERO PLANILLA	FECHA PAGO (DIA/MES/AÑO)	CANTIDAD EMPLEADOS	CANTIDAD UPC
		28177185	26/01/2026	1	0
PERIODO SALUD	PERIODO PENSIÓN	TIPO PLANILLA	TOTAL NÓMINA	TOTAL A PAGAR	
2026-01	2026-01	I	$0	$508.300	

ETALLE POR COTIZANTE

INFORMACIÓN COTIZANTE						INFORMACIÓN NOVEDADES																PENSIÓN								SALUD				RIESGOS LABORALES					CCF				PARAFISCALES				
Tipo y Número de Identificación	Apellidos y Nombres	Cotizante	Subtipo	Extranjero	Colpen. exterior	Exonerado	ING	RET	TDE	TAE	TDP	TAP	VSP	VST	SLN	IGE	LMA	VAC	AVP	VCT	IRL	CORRECCIÓN	Cód. AFP	IBC AFP	Días	Cotización	Voluntario Afiliado	Voluntario Aportante	Fondo pensional de solidaridad	Fondo pensional de subsistencia	Cód. EPS	IBC EPS	Días	Cotización / Valor UPC	Cód. ARL	IBC ARL	Días	Clase de Riesgo	Cotización	Código CCF	IBC CCF	Días	Aporte CCF	IBC otros parafiscales	Aporte SENA	Aporte ICBF	Aporte ESAP	Aporte MEN
CC 71338205	GRAJALES HENAO DIEGO EDISON	59	0			N																	230201	1.750.905	30	280.200	0	0	0	0	EPS010	1.750.905	30	218.900	14-23	1.750.905	30	1	9.200		0	0	0	0	0	0	0	0

PAGADA

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

Bancolombia

Comprobante en línea

26 Ene 2026 10:58:07

Pago PSE

Pago exitoso

CUS 9285067

Comercio
COMPENSAR-OI

Referencia 1
190.145.148.213

Fecha
26 Ene 2026 10:58:07

Referencia 2
CC

Número de factura
28177185

Referencia 3
71338205

Descripción del pago
MiPlanilla.com Pago Proteccion Social

Valor del Pago
$508.300

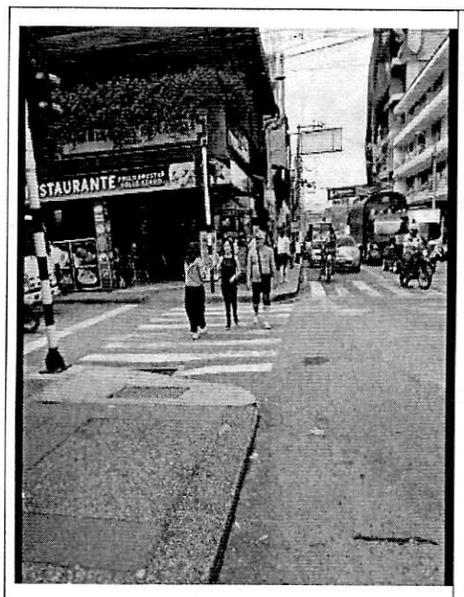
Número de comprobante
TR1057205067

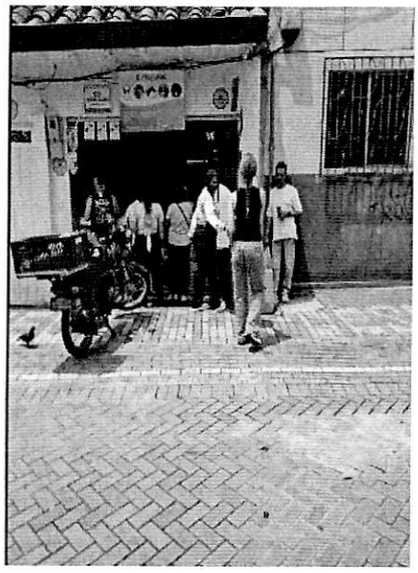
Costo de la transacción
$ 0

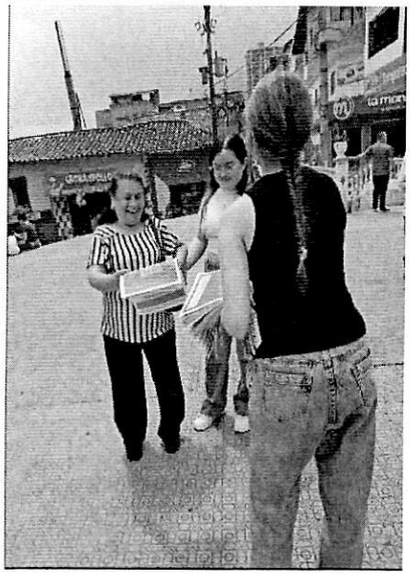
Producto origen
Ahorros - Bancolombia
****** 5906**

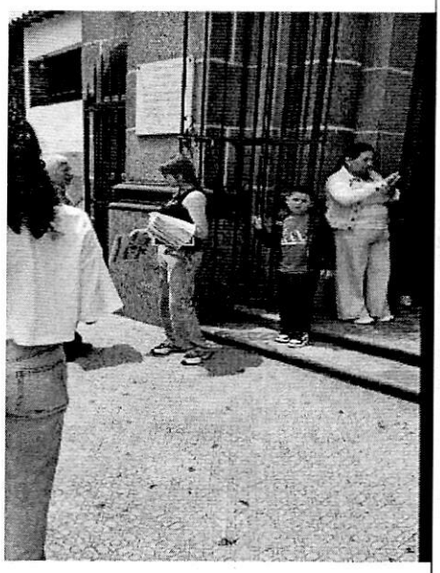
VIGILADO SUPERINTENDENCIA FINANCIERA DE COLOMBIA

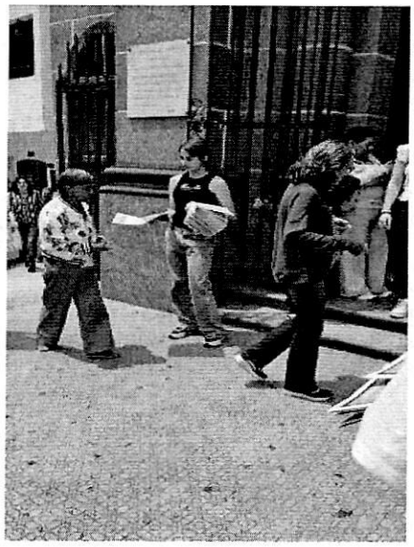
REGISTRO FOTOGRAFICO

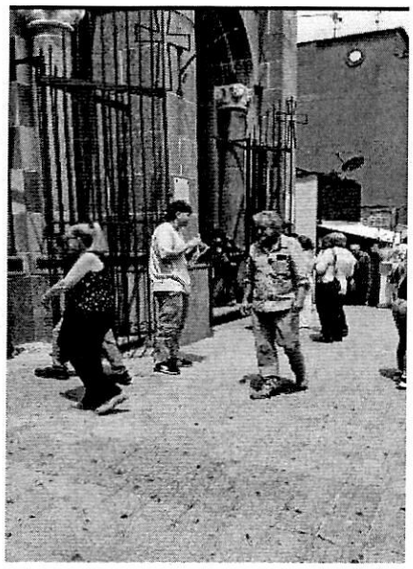


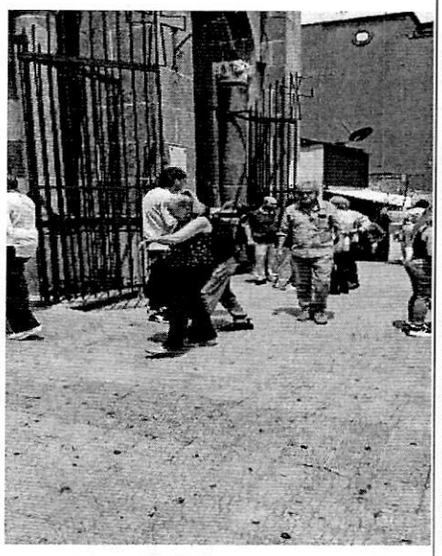


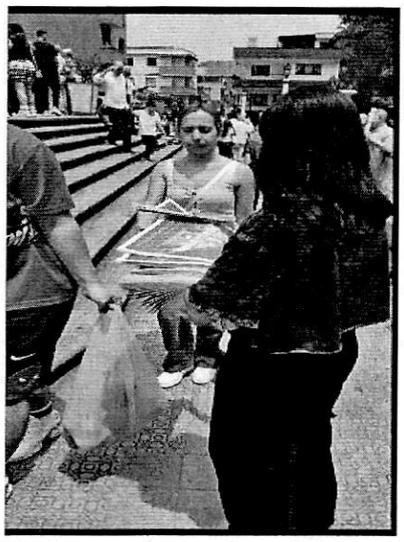












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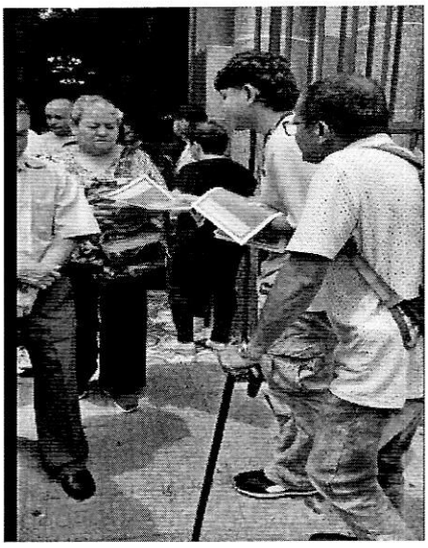
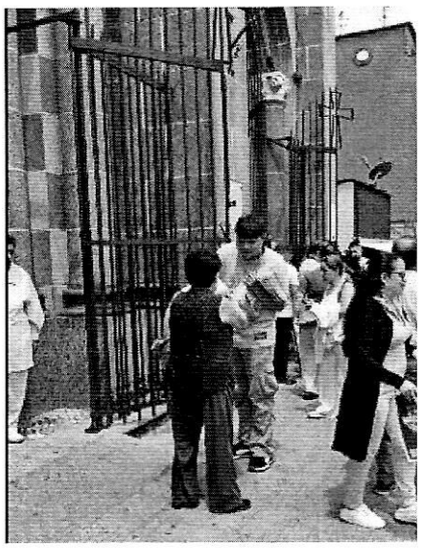
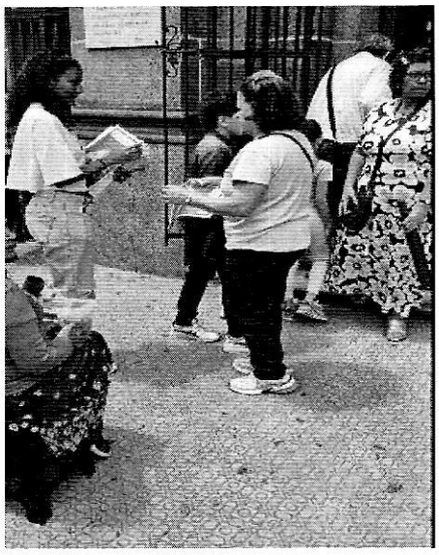
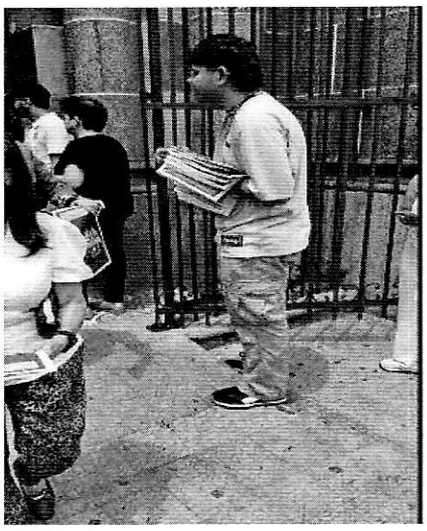
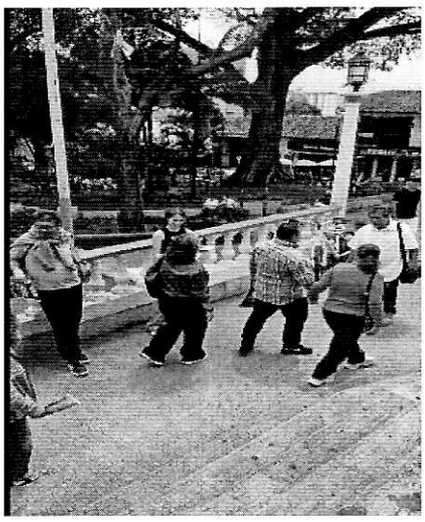
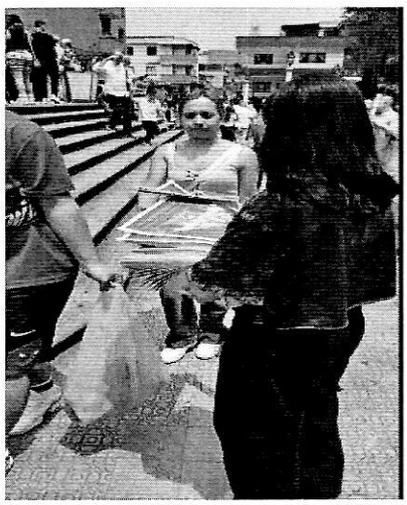
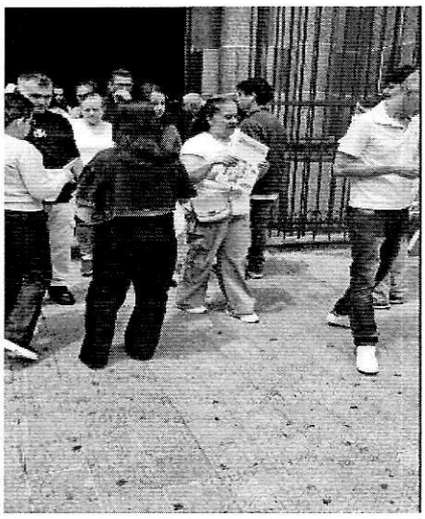
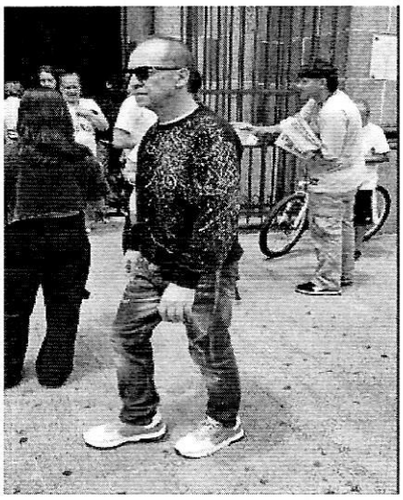
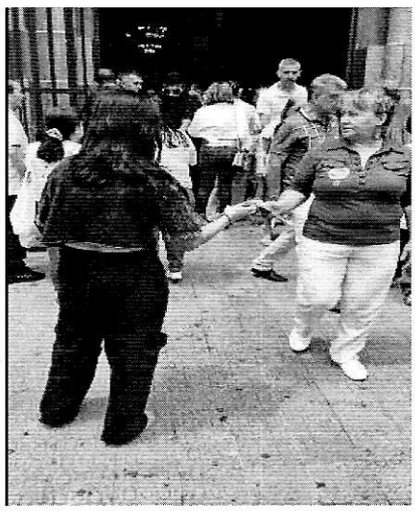

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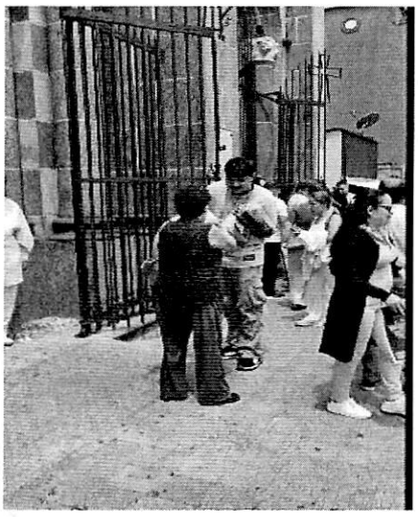

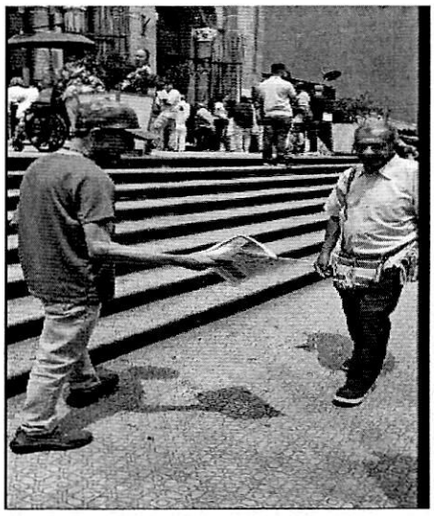

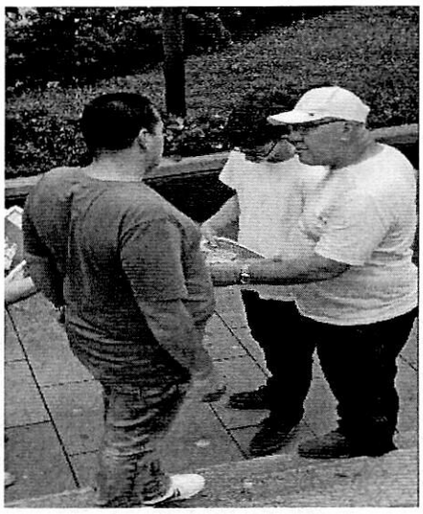

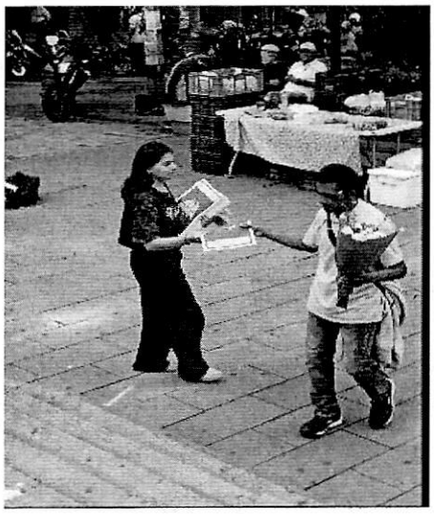

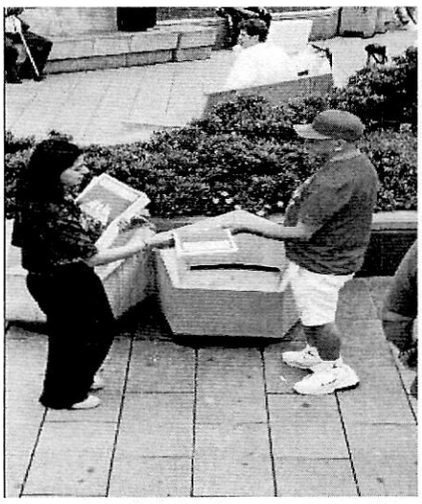

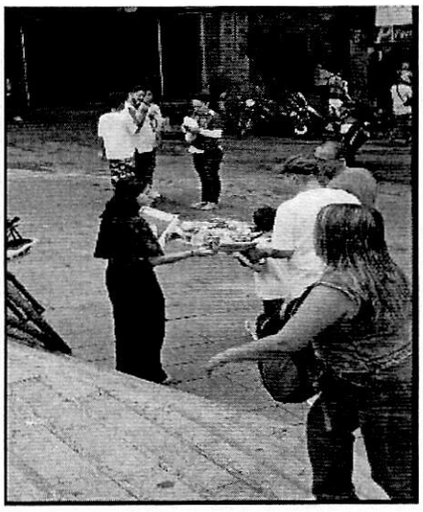

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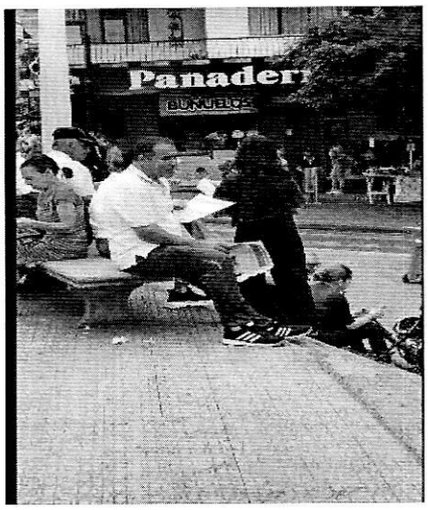

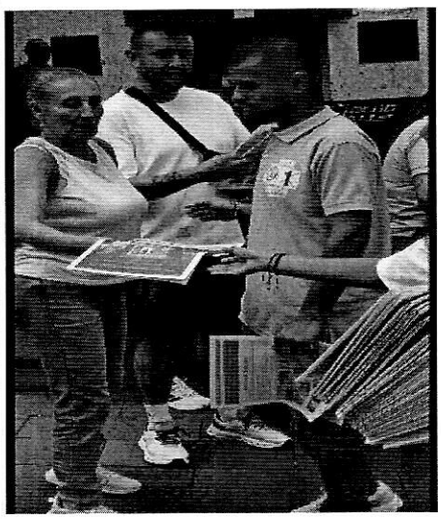

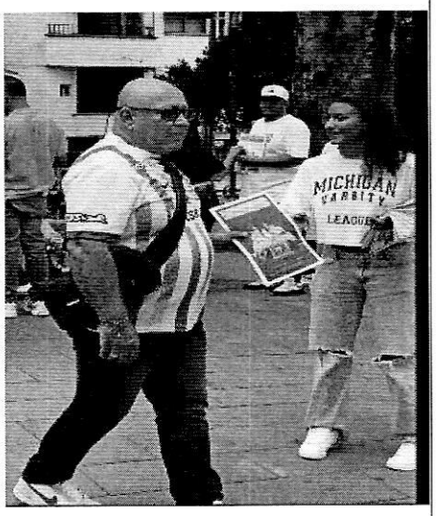

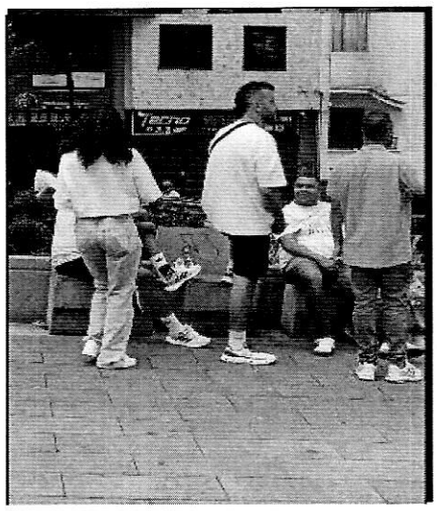

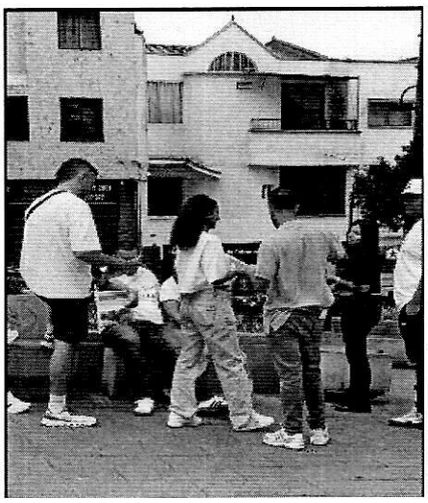

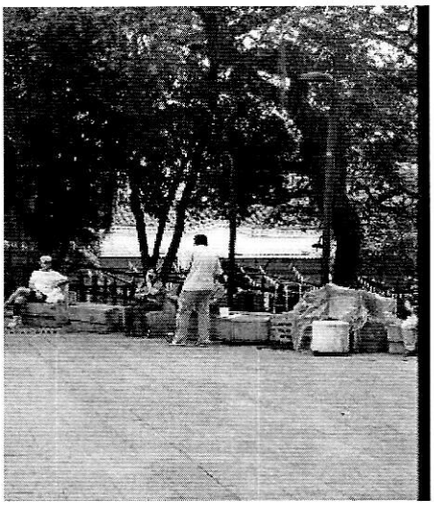

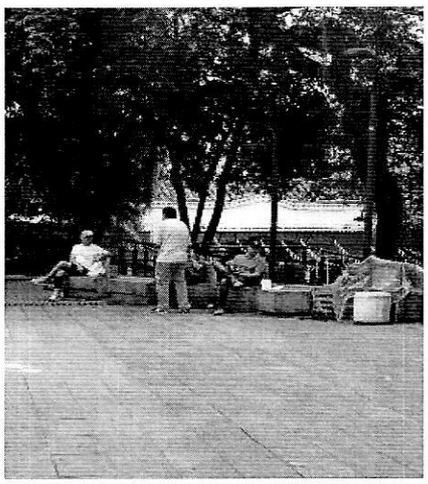

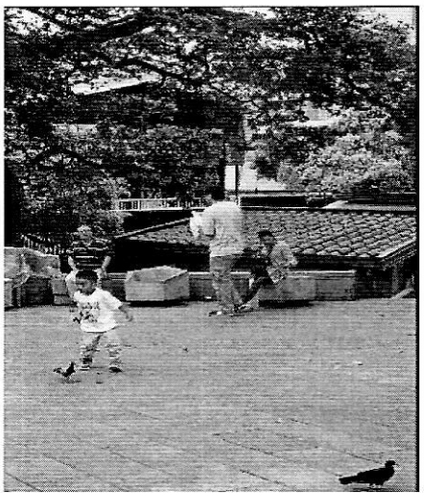

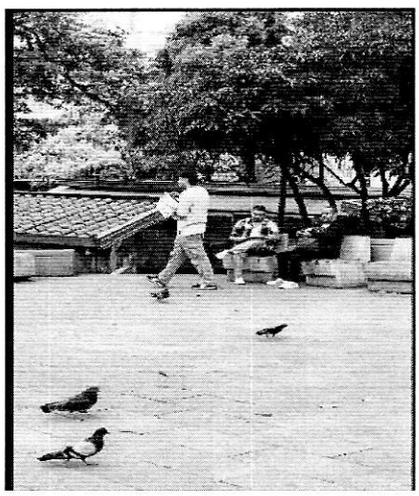

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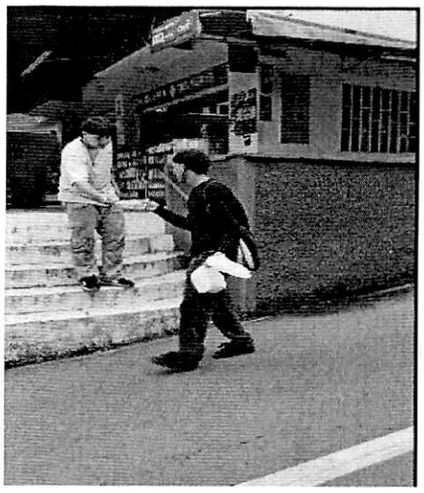

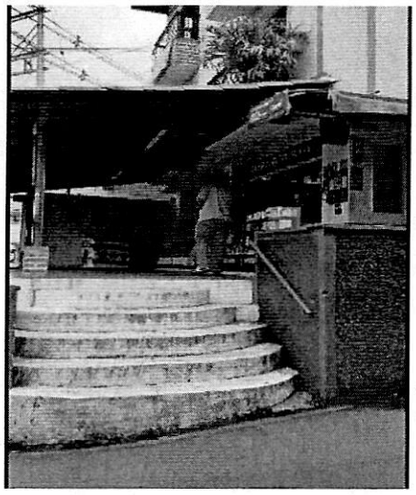

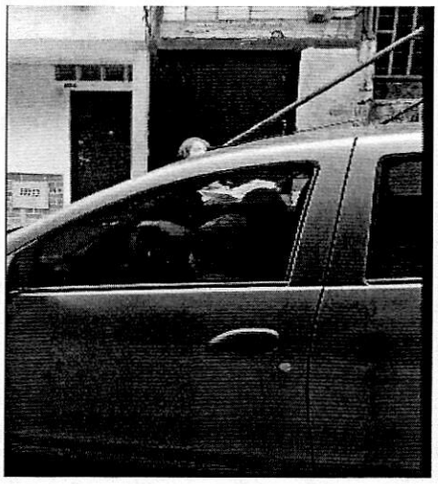

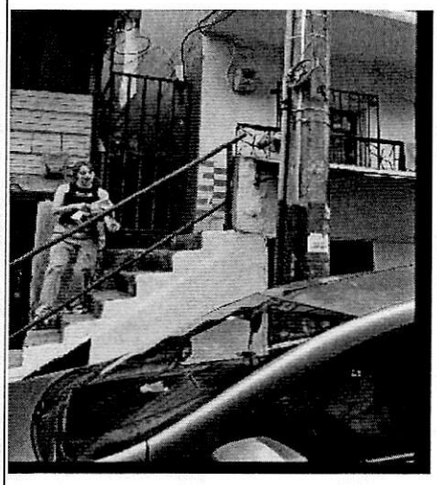

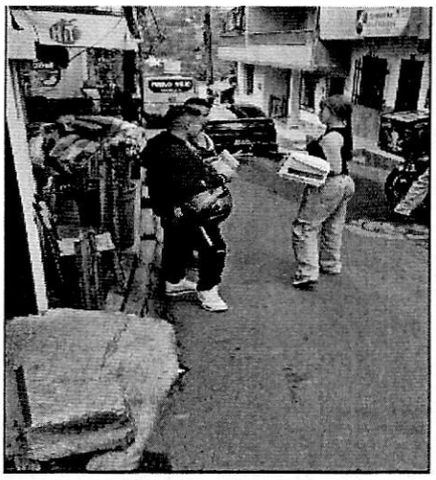

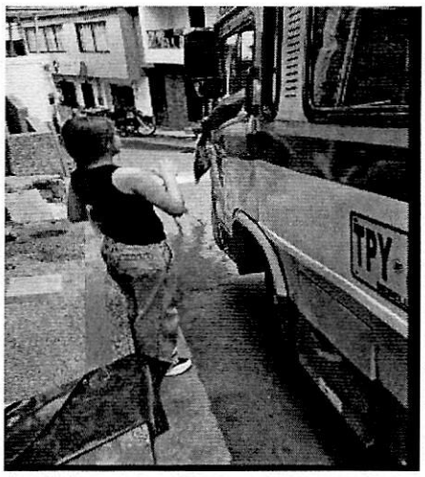

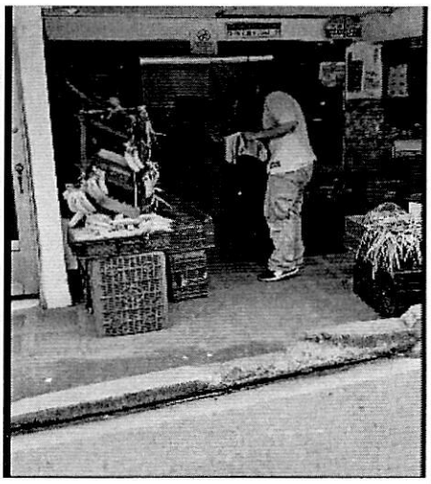

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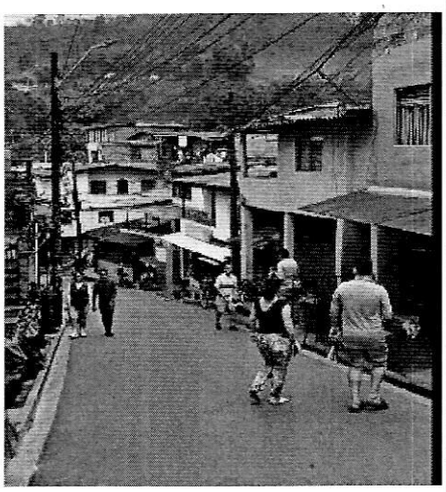

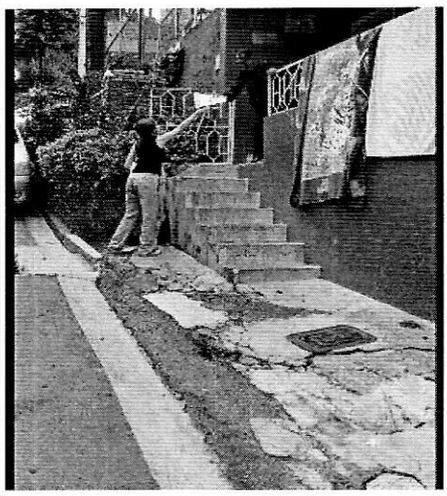

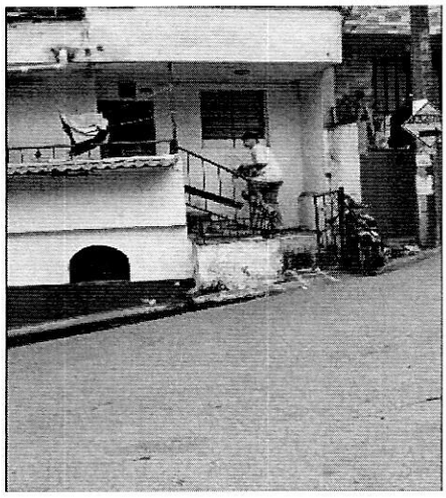

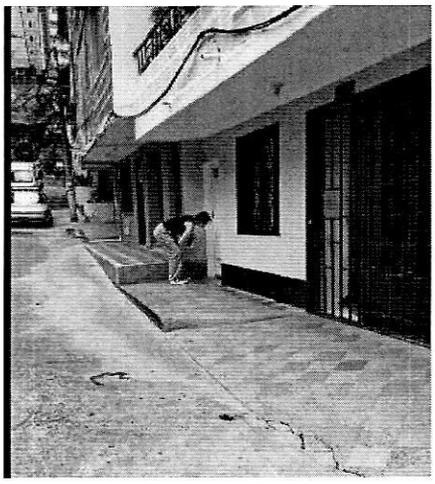

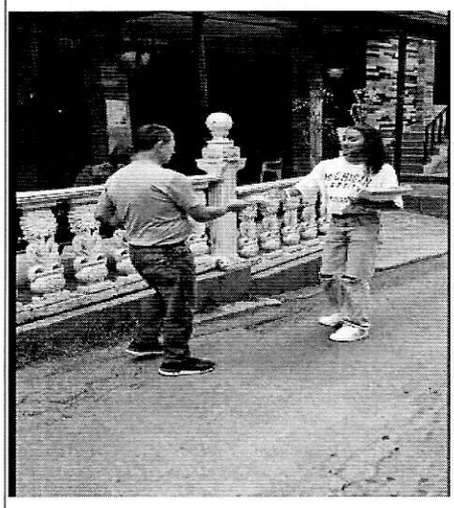

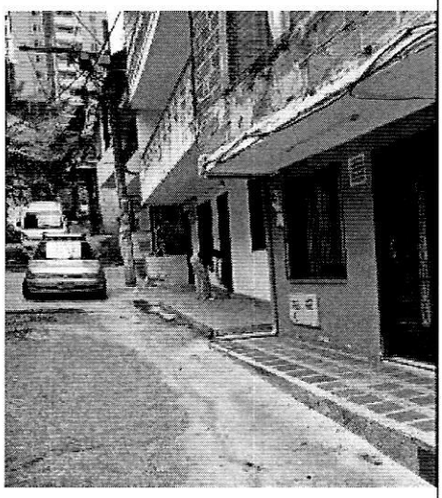

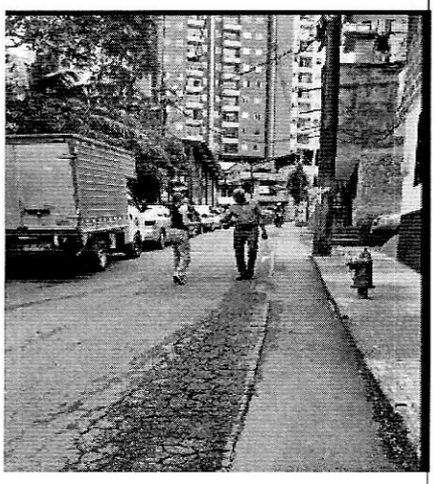

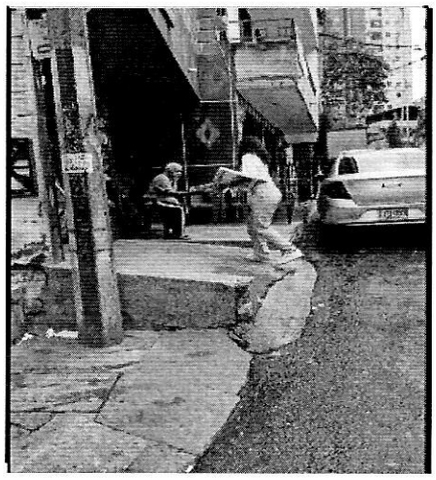

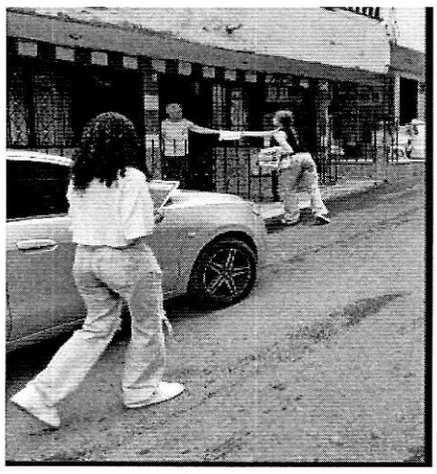

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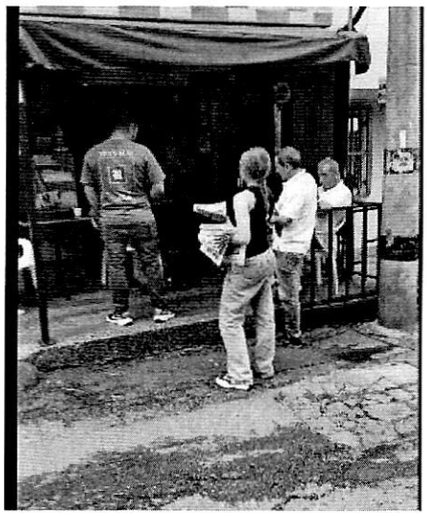

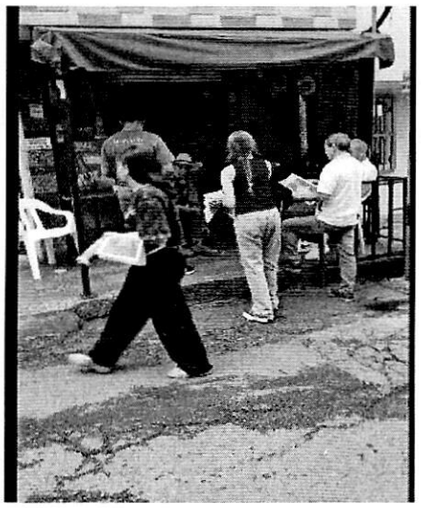

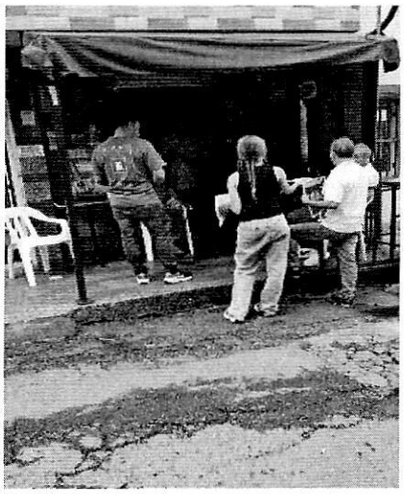

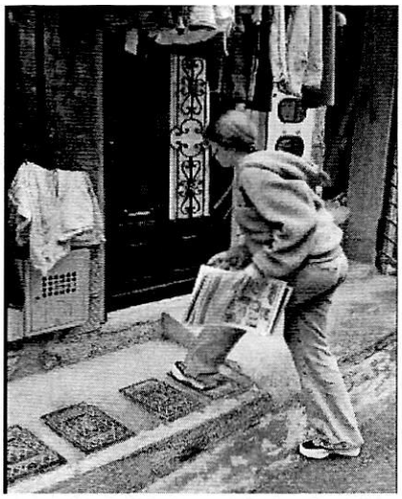

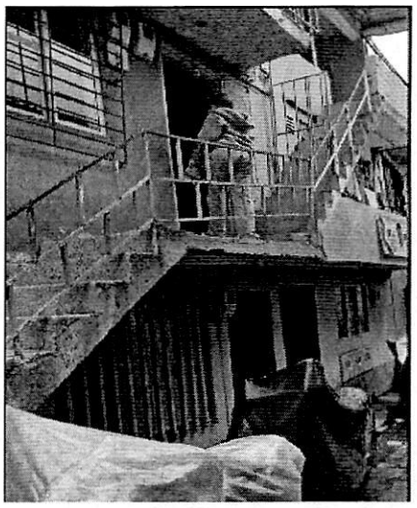

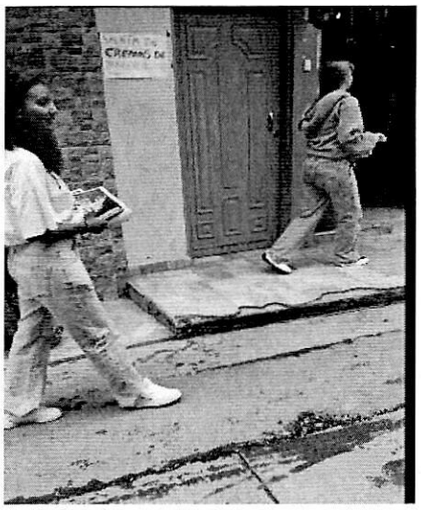

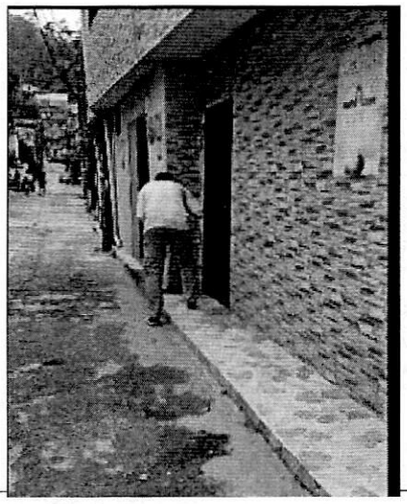

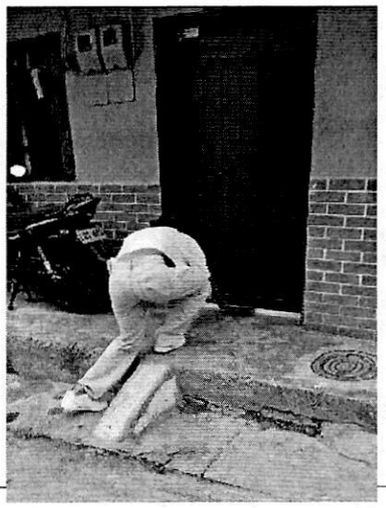

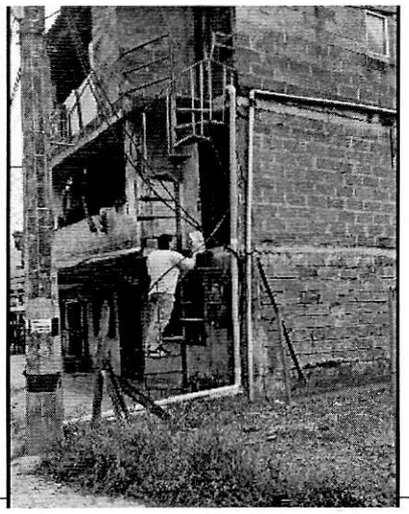

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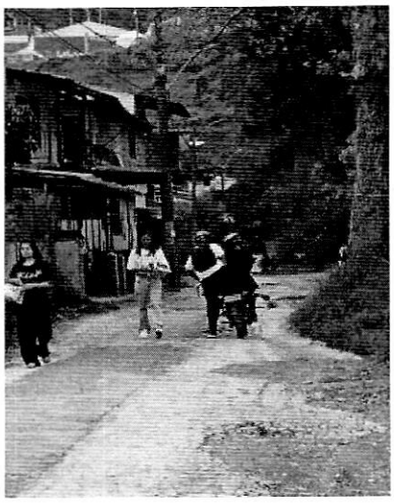

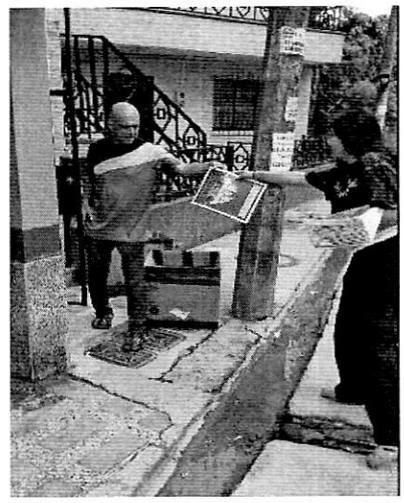

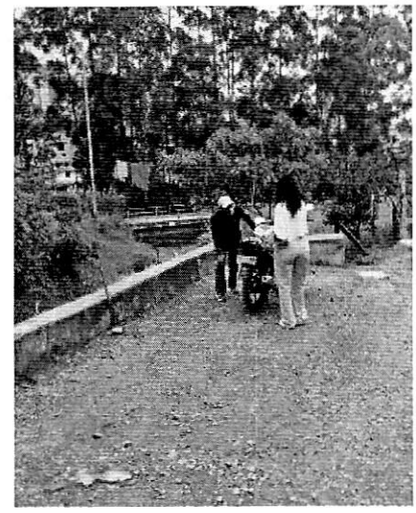

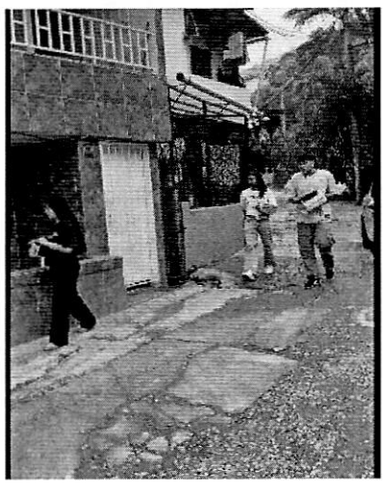

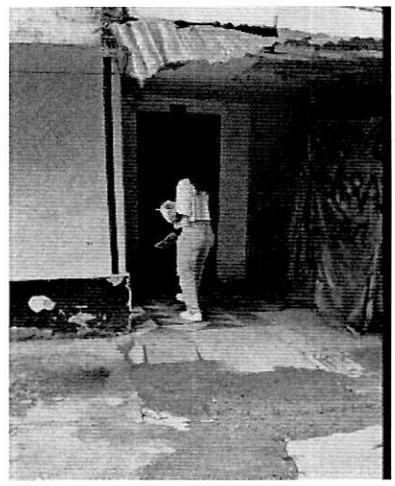

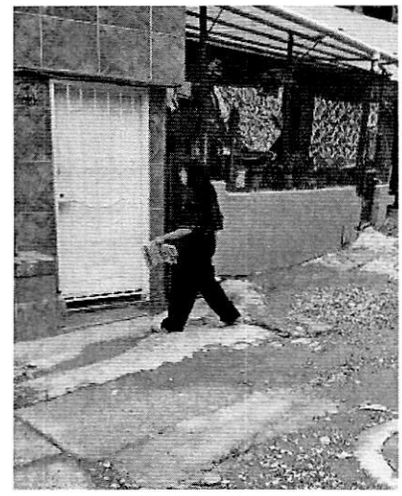

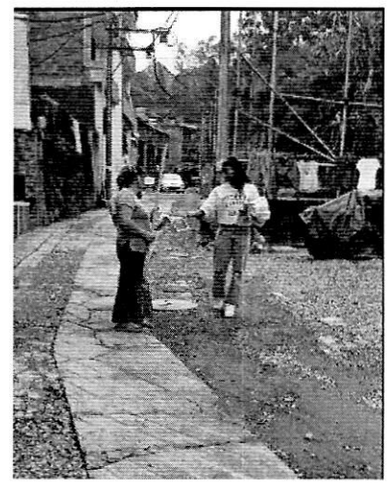

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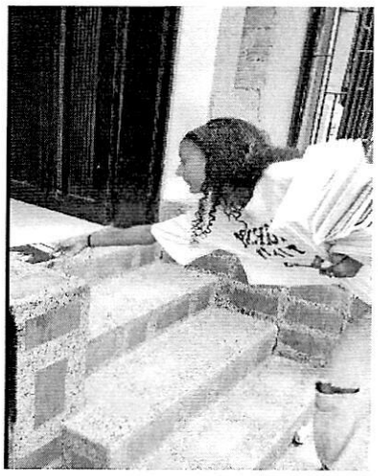

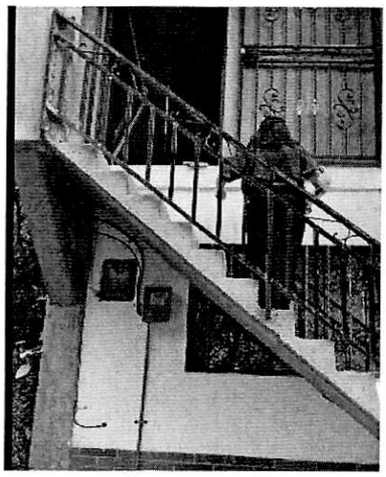

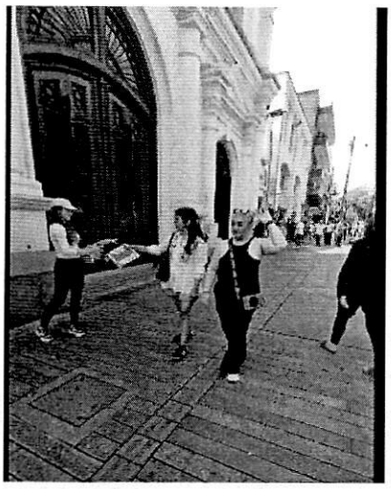

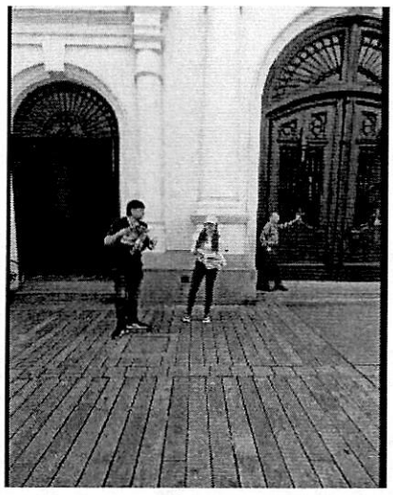

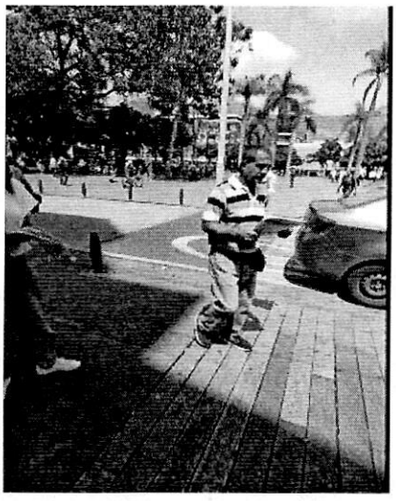

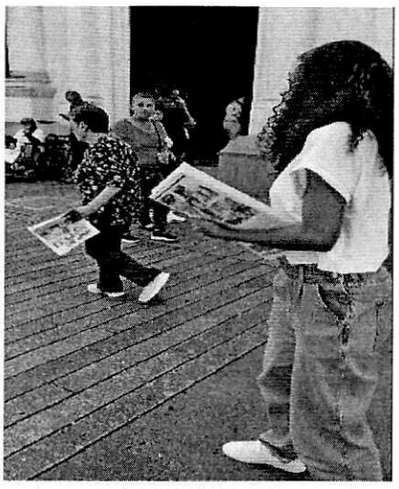

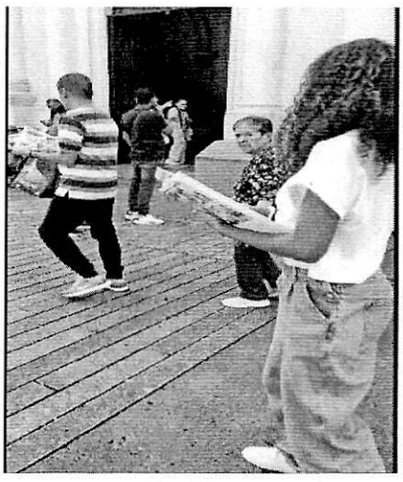

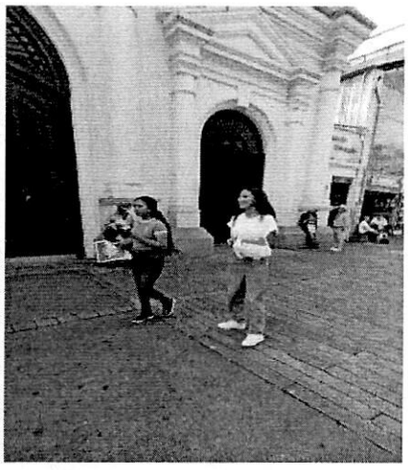

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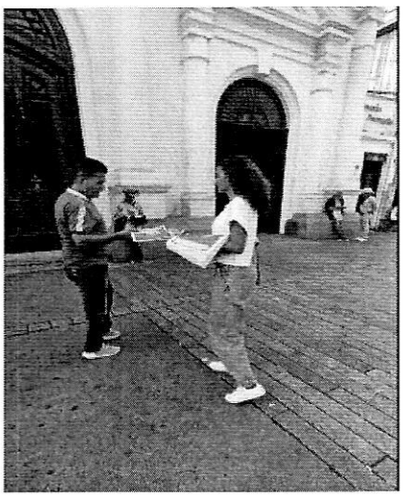

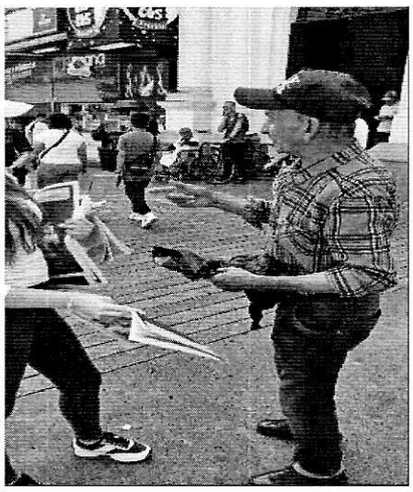

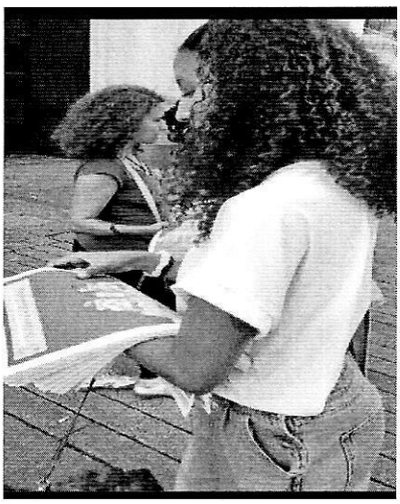

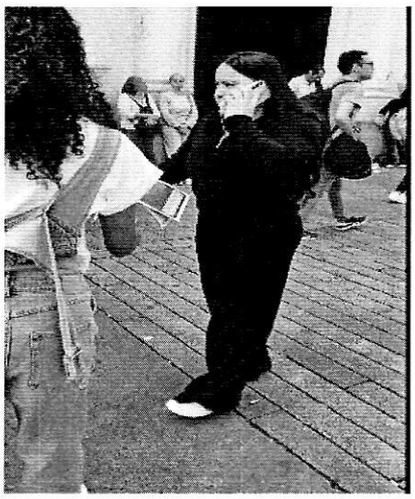

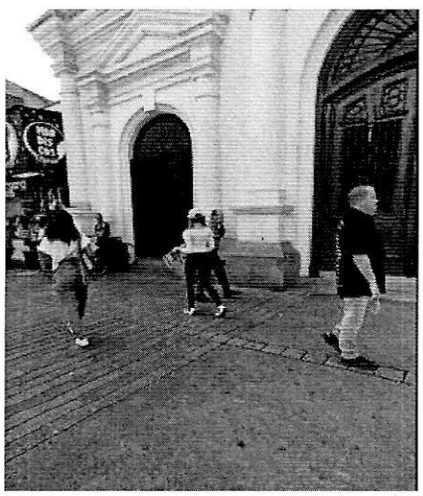

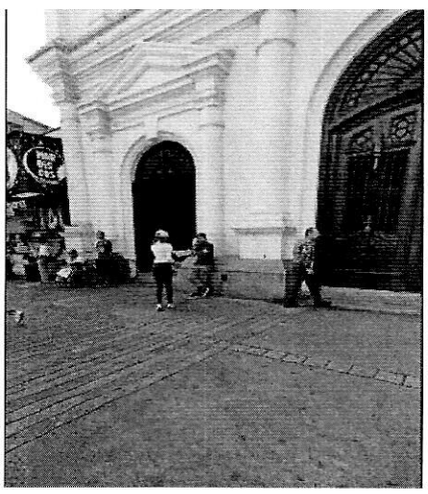

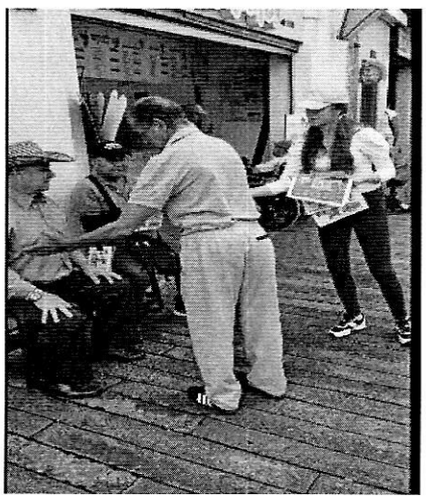

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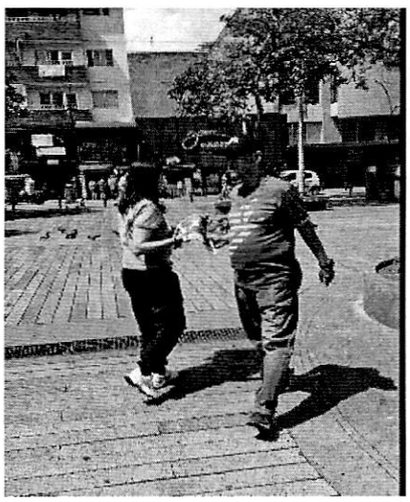

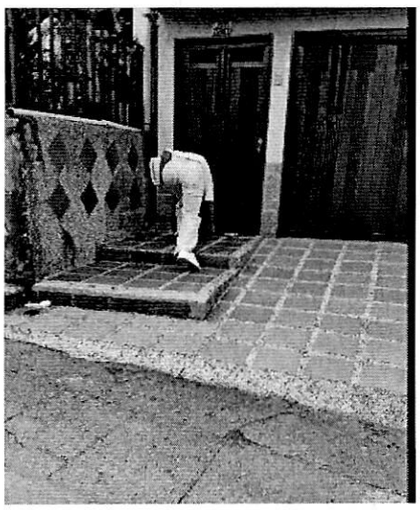

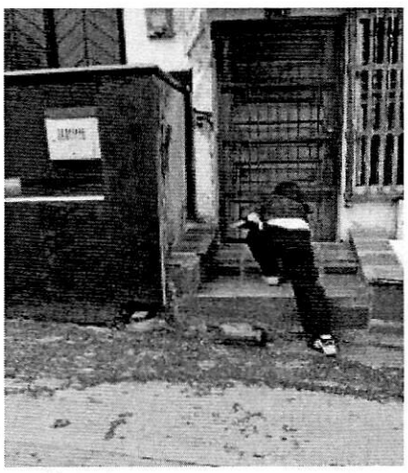

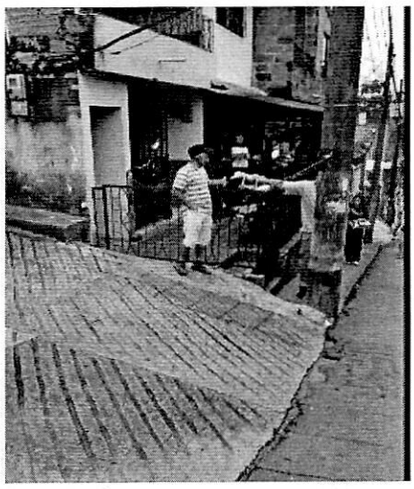

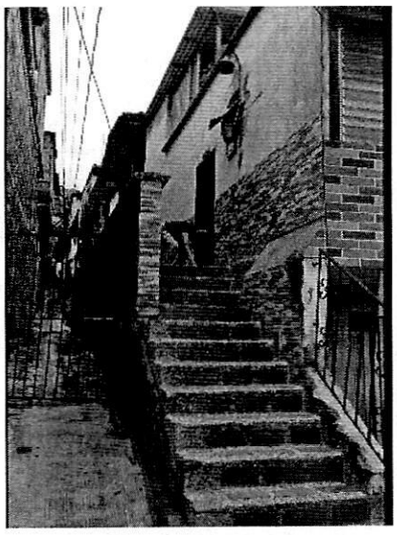

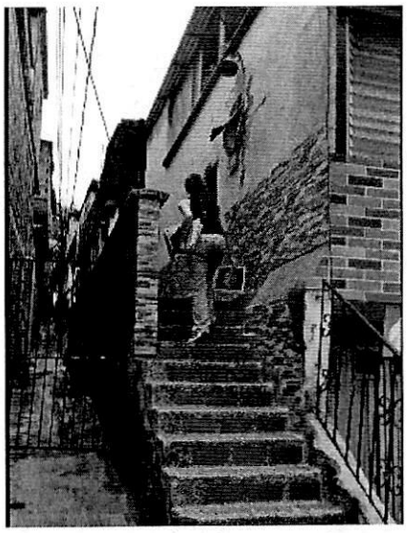

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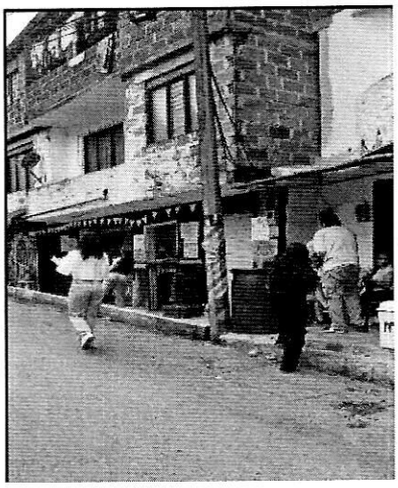

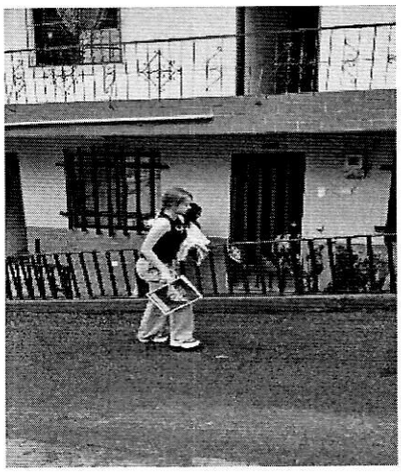

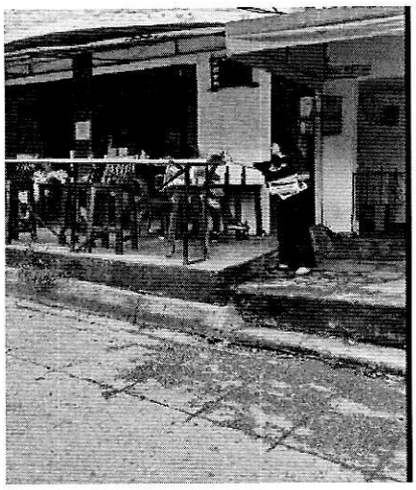

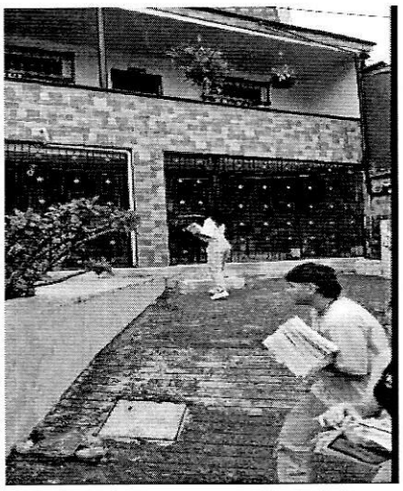

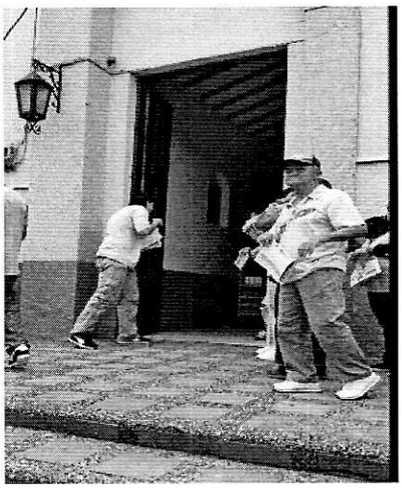

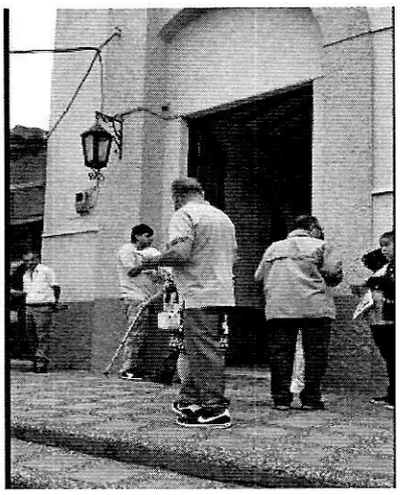

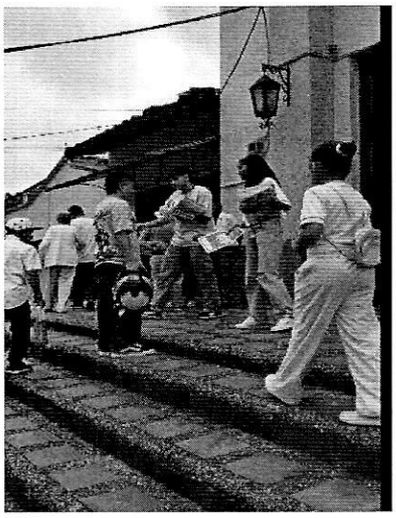

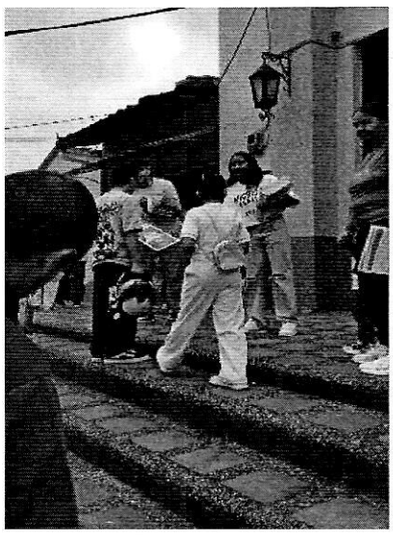

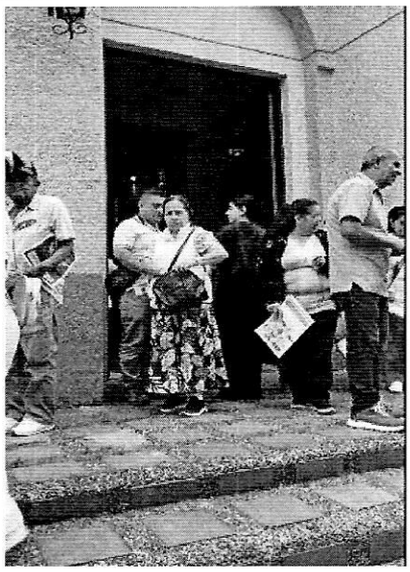

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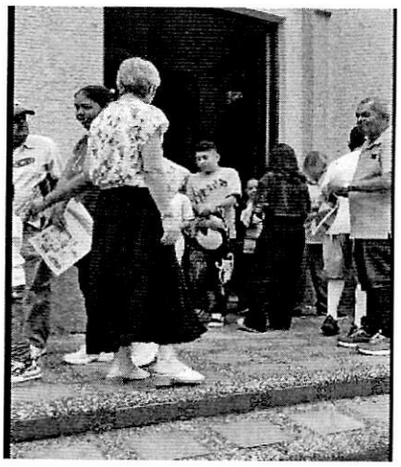

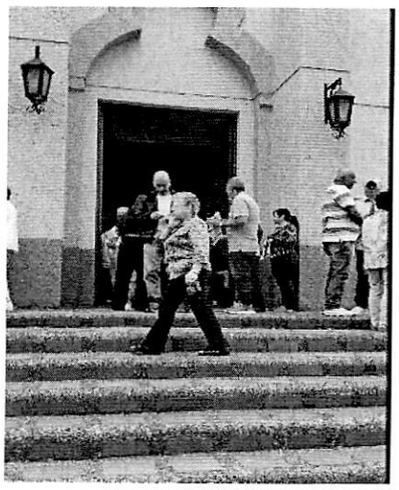

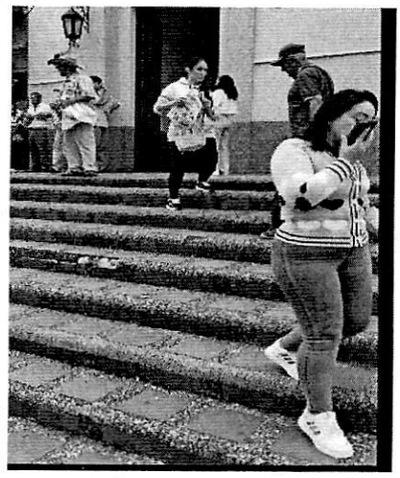

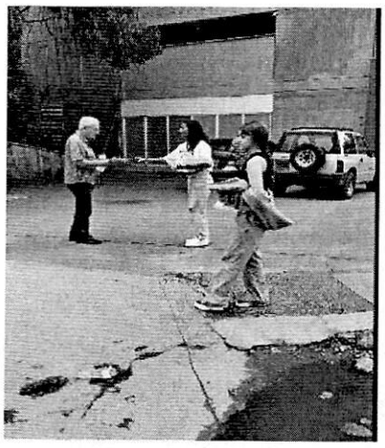

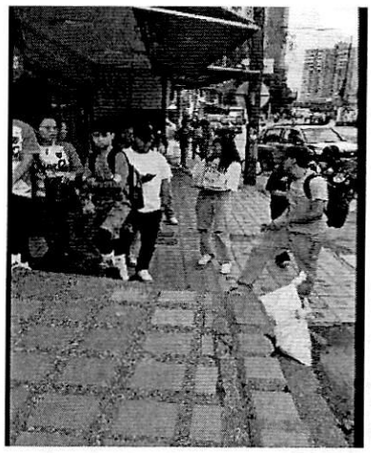

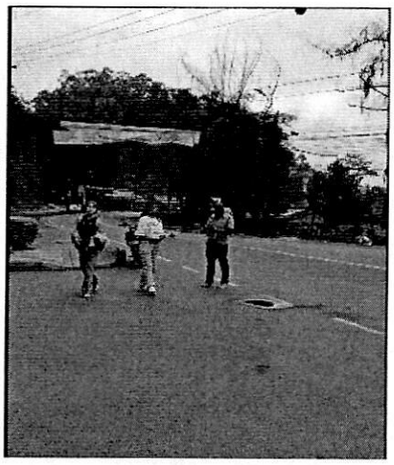

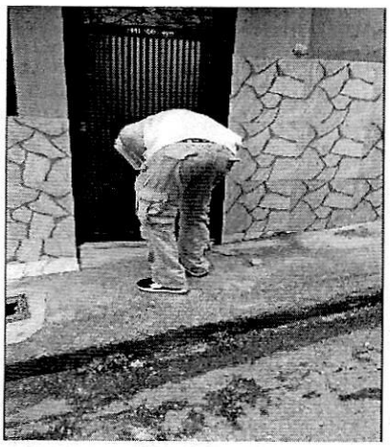

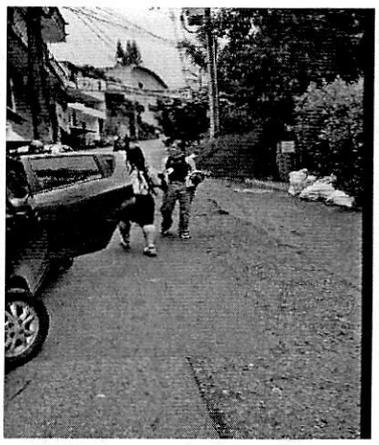

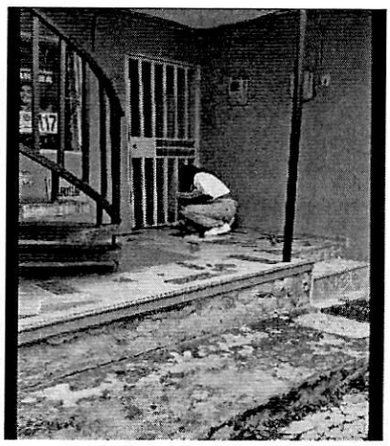

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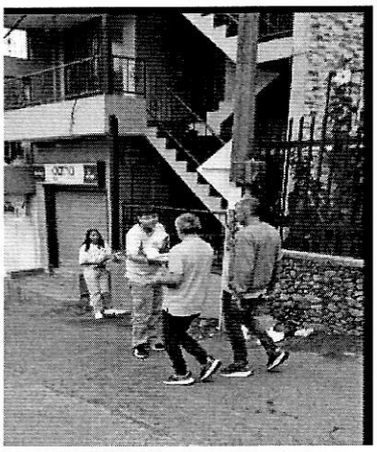

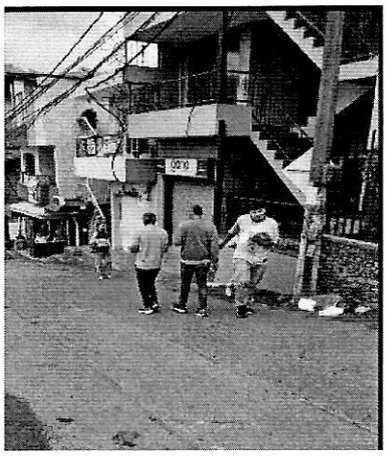

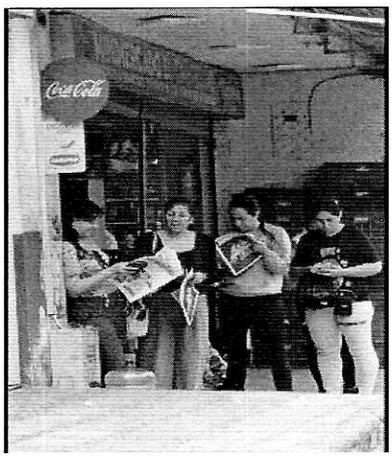

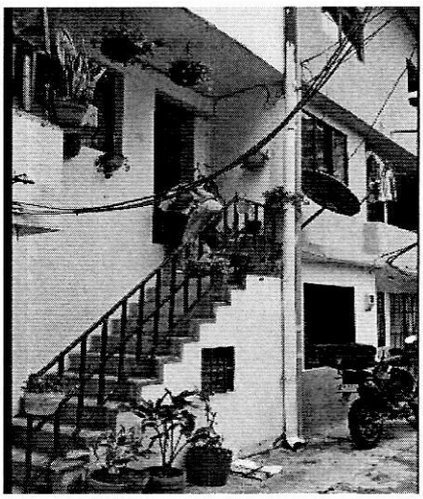

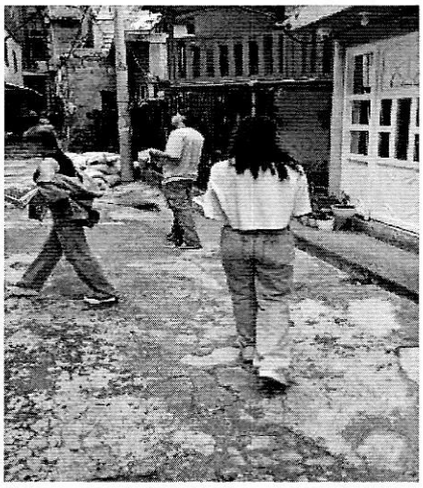

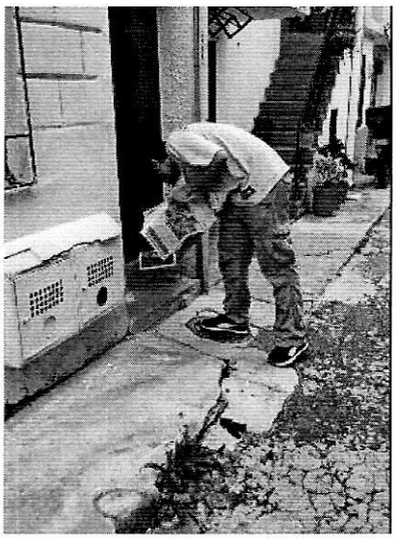

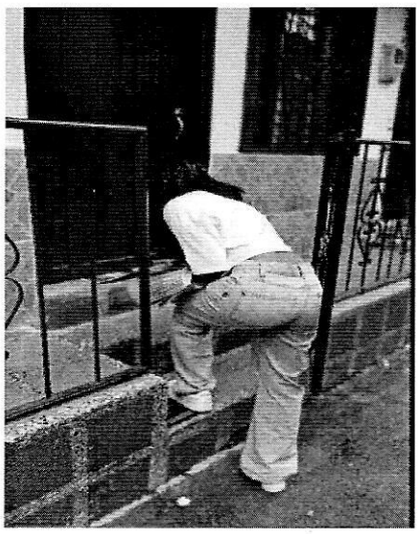

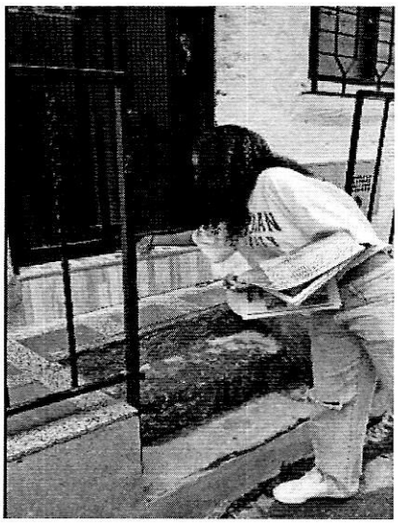

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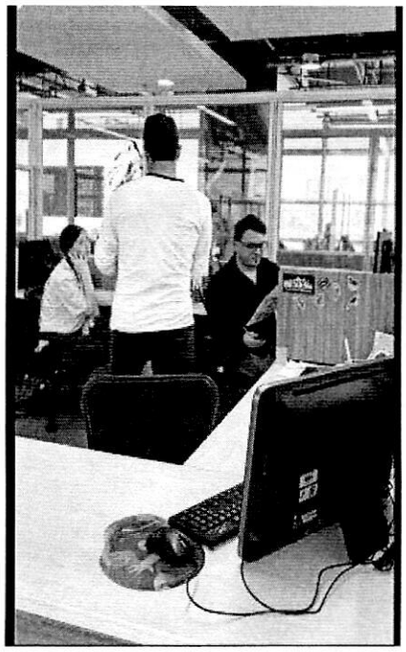
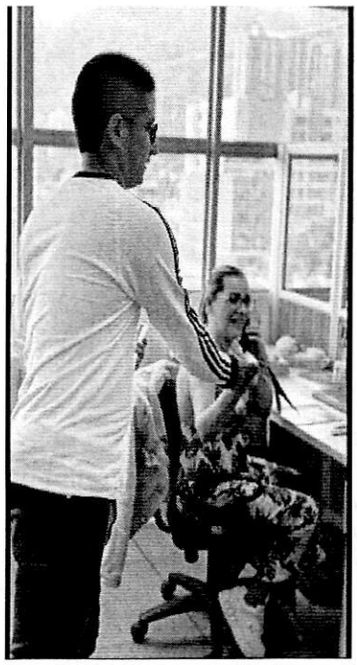

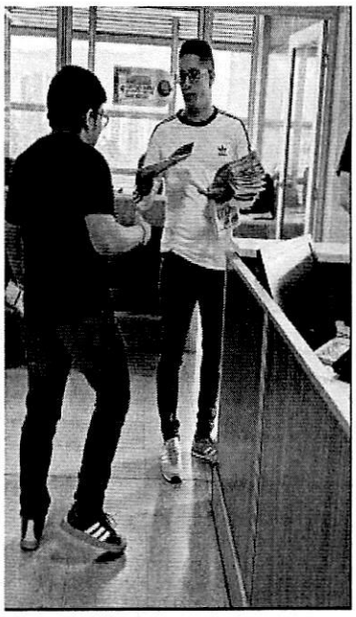
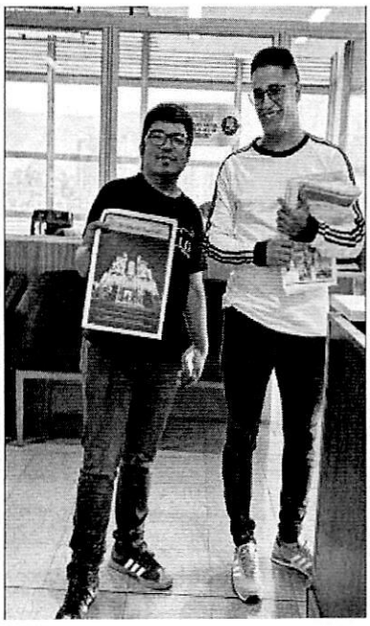
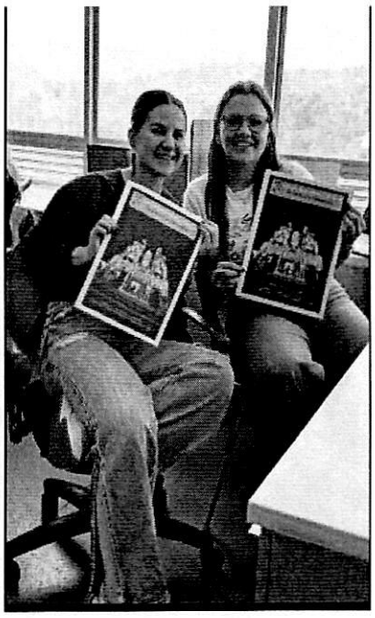

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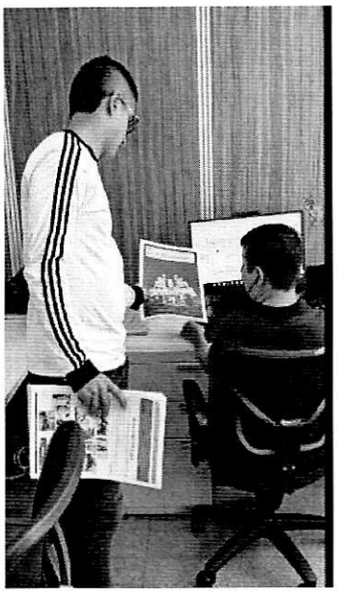
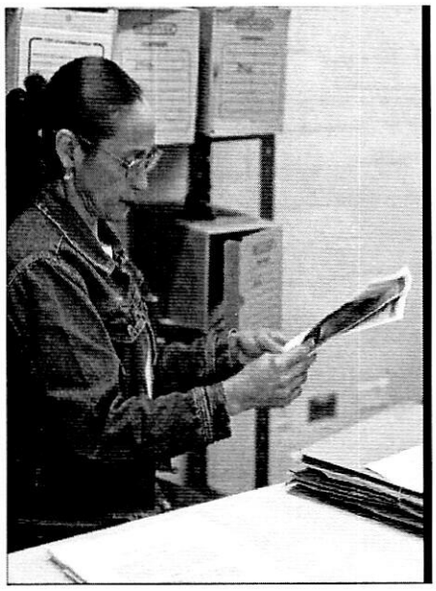

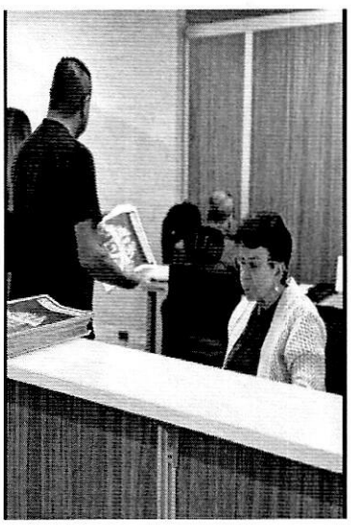
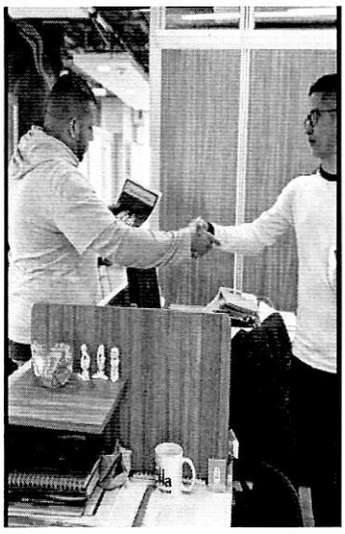

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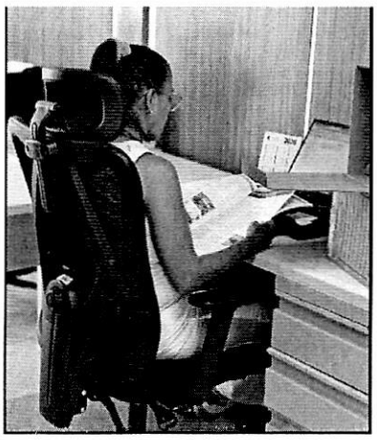
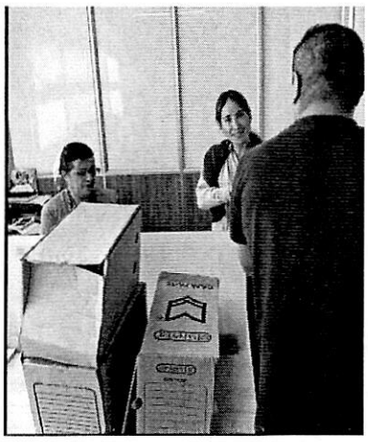
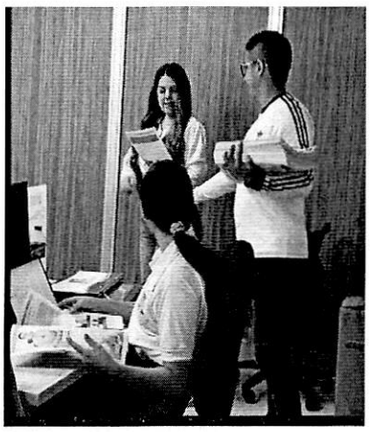

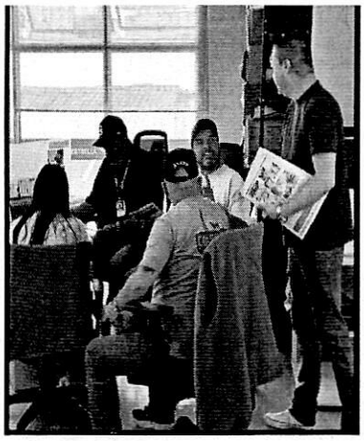
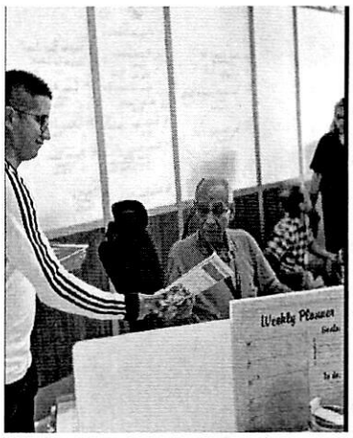

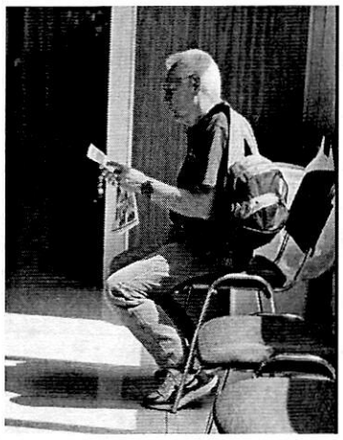

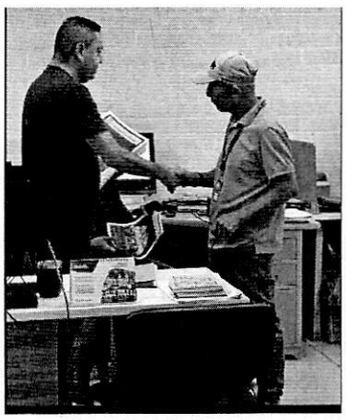
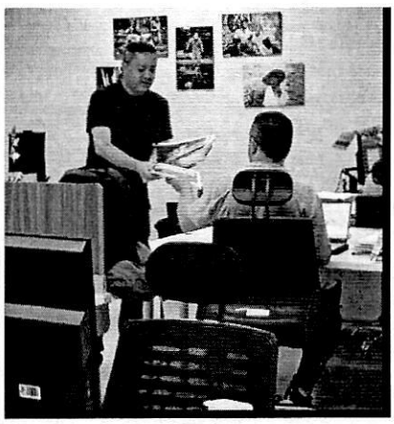
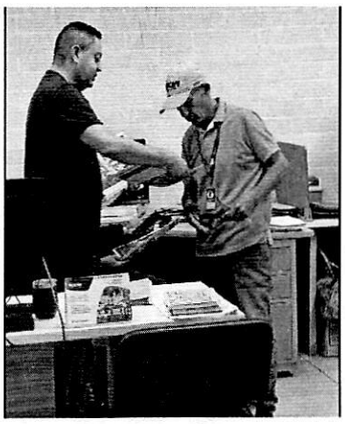

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