



CERTIFICACIÓN DE CUMPLIMIENTO DE CONTRATO U ORDEN DE PRESTACIÓN
DE SERVICIOS (OPS) PARA PROCESO DE PAGO POR TESORERÍA

Versión 1
Fecha de aprobación: 9/11/2016
Código: 15-02-FD-002
ALCALDIA MAYOR DE BOGOTÁ

INFORMACIÓN DEL CONTRATISTA

NOMBRE DEL CONTRATISTA:

LUZ DAYANA LATON RODRIGUEZ

TIPO DE DOCUMENTO:

C.C. X C.E.

NO

1.002.526.690

CORREO ELECTRONICO:

CELULAR:

3112259055

UNIDAD DE PRESTACIÓN DE SERVICIOS DE SALUD:

FO09

UBICACIÓN DEL SERVICIO:

FO09

SEDE:

FONTIBON

CENTRO DE COSTOS:

Centro de costo
FO09K-32

%

Centro de costo
FO09K-32

%

Centro de costo
FO09K-32

%

ENTIDAD FINANCIERA:

BANCO CALA SOCIAL

TIPO DE CUENTA:

AHORROS

NÚMERO DE CUENTA BANCARIA

24099552499

PENSIONADO NO

INFORMACIÓN PARA EL PAGO DEL CONTRATO U ORDEN DE PRESTACIÓN DE SERVICIOS

NÚMERO DE CONTRATO Y VIGENCIA:

4970-2020

N° DE PAGOS DEL CONTRATO

3 de 4

NÚMERO DE COP

823

FECHA

30/05/2020

NÚMERO DE CRP

27788

FECHA

3/06/2020

OBJETO DEL CONTRATO:

Recibir servicios de apoyo como Técnico Auxiliar de Enfermería en el área de PIC, dentro de los diferentes procesos y procedimientos de la SUBRED INTEGRADA DE SERVICIOS DE SALUD SUR OCCIDENTE E.S.E. de acuerdo al requerimiento institucional.

PERIODO CERTIFICADO:

DESDE

DÍA

MES

AÑO

HASTA

DÍA

MES

AÑO

VALOR HONORARIOS MENSUALES:

1 7 2020

\$2.197.015

TIPO DE SERVICIOS

PIC

RESERVA DE GLOSA 0%

\$0

OBSERVACIONES:

CONTROL DE EJECUCIÓN DEL CONTRATO

CONCEPTO

VALORES

VALOR TOTAL DEL CONTRATO MAS ADICIONES:

\$5.884.404

VALOR EJECUTADO

\$4.687.388

VALOR A PAGAR AL CONTRATISTA

\$2.197.015

VALOR A LIBERAR

\$0

SALDO POR EJECUTAR

\$2.197.015

PORCENTAJE DE EJECUCION

68%

El interventor o supervisor del contrato CERTIFICA QUE:

Se verifica el cumplimiento del mínimo valor de los aportes al sistema de seguridad social en salud y pensiones pagado en el mes. Los honorarios inferiores a \$ 2.194.507, el valor para IBC debe ser sobre un salario mínimo legal vigente.

Número de Planilla	IBC DE COTIZACIÓN	APORTE A SALUD 12,5% IBC	APORTE PENSION 16% IBC	NIVEL ARL	APORTE ARL	TOTAL APORTES
43907805 ✓	\$878.806	\$109.900	\$140.700,00	3	\$21.500	\$272.100

Dado en Bogotá en el mes de JULIO del año Dos Mil Veinte (2020). Lo anterior para que surta el pago pertinente. Cordialmente,

Claudia Patricia Prieto Calcedo
CLAUDIA PATRICIA PRIETO CALCEDO
NOMBRE Y FIRMA DEL SUPERVISOR:

Luz Dayana Laton
LUZ DAYANA LATON RODRIGUEZ
NOMBRE Y FIRMA DEL CONTRATISTA

Señor(es): LUZ DAYANA LAITON RODRIGUEZ
Nit: CC 1002526690
Dirección: KRA 78A 41G 57 SUR
Teléfono: 3112259055 **Fax:** 3112259055
Ciudad: BOGOTÁ, D.C.

Respetado(s) señor(es)

Con atento saludo, informamos que Compensar Operador de Información procesó el siguiente pago realizado por medio de:

[illegible]

1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1</
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CÓDIGO APLICATIVO	VOLUMEN	TOTAL PÁGINAS	NÚMERO DE APLICACIONES
14-1	ARL SURA	\$2,500	1
286201	Protección (ONG + Protección)	\$140,700	1
E79037	Nueva Promover de Salud - Nueva EPS	\$109,900	1

DOCUMENTO EQUIVALENTE N°07/2020

LA SUBRED INTEGRADA DE SERVICIOS DE SALUD SUR OCCIDENTE E.S.E.

NIT: 900.959.048-4

DEBE A:

LUZ DAYANA LAITON RODRIGUEZ

CC 1002526690 DE BOGOTA

La suma de 2.197.015 por concepto de servicios AUXILIAR DE ENFERMERIA TECNICO 1 durante el periodo de 1 DE JULIO al 31 DE JULIO de 2020 de conformidad con lo establecido en el contrato de prestación de servicios N° 4970/2020

LUZ Laiton

LUZ DAYANA LAITON RODRIGUEZ

CC 1002526690 de BOGOTA

CUENTA DE AHORROS BANCO CAJA SOCIAL

NUMERO 24099552499

