Docusign Envelope ID: FF20DF63-8701-44B9-8B53-345923C5271D

Certification of Payment

1. For Personnel use only

Name:	CORPORACION SISMA MUJER			Contract No.:	**10332426**
Project Number:	01000992			Fee: (per diem)	**NA**
Project Title:	PNUD			Duration:	**3 MES**
Starting Date:	18/12/2024	Expiry date:	18/03/2025	Expected number of work days per week:	
Nationality:	Colombiana			Vendor No.:	1041113
Allotment Number(s):				Index no.:	
MOD Number(s):					

2. To be completed by the subscriber

Please type or print and **mail original and first and second copies**, along with your travel claim upon completion of travel, to: United Nations Development Programme, One United Nations Plaza, New York, NY 10017.

Attention: *(Finance Officer)* **Room No.:**

I certify that the dates indicated below are an accurate account of the services and duties performed under the terms of this contract.

Countries visited	Dates worked		No. of days worked	Total Payable
	From	To		
Colombia	18/12/2024	28/02/2025	30	$262.500.000

Please note that payment will be made in the currency of the subscriber's usual residence, unless otherwise indicated in Article 3 of the Special Service Agreement, or paragraph 2 of the Reimbursable Loan Agreement. Payments in other than US dollars will be made at the UN operational rate of exchange in effect at the time payment is made. Bank charges related to payment will be borne by the subscriber.

Please make payment as indicated below:

Name of Bank: BANCOLOMBIA

Address: Carrera 13 #49-82

Currency of Account: Cop

Account title: CUENTA CORRIENTE

Account number: 203-000114-38

Social Security or Tax Identification No.: (if applicable) C

Signature: _____ Date: 18/03/2025

3. To be completed by Area/Requesting Officer

Please check appropriate box

Final report accepted ☐ Assessment sheet attached: ☐

Final report not accepted ☐ Second Assessment to be added: ☐

I certify that the work was satisfactorily performed during the above mentioned dates.

Signature: DocuSigned by: ITALO VELASQUEZ BBFC77F6046A4E2... Date: 18/03/2025

Name: Italo Velásquez

4. To be completed by the Certifying Officer

Please process the payment of _____ to the subscriber in accordance with the payment instructions given above.

Travel Claim received ☐

Certifying Officer Certifying Bureau/Division Date