

|                                                                                  |  |                                                  |  |
|----------------------------------------------------------------------------------|--|--------------------------------------------------|--|
|  |  | SUBRED INTEGRADA DE SERVICIOS DE SALUD SUR E.S.E |  |
| INFORME DE ACTIVIDADES CONTRATO DE PRESTACIÓN DE SERVICIOS                       |  | CO-OPS-FT-11 V6                                  |  |

| DATOS DEL INFORME                             |                                  |                   |                    |
|-----------------------------------------------|----------------------------------|-------------------|--------------------|
| Periodo a Certificar:                         | Desde: 01-abr.-21                | Hasta: 30-abr.-21 |                    |
| Nombre del Contratista:                       | FRANCISCO JAVIER GONZALEZ CORTES | Cédula:           | 10180204           |
| Correo Electrónico:                           | FRANCISCOGONZALO@HOTMAIL.COM     | Teléfono(s):      | 3114692036         |
| Nombre del Supervisor - Planta:               |                                  | Cargo:            | Código-Grado:      |
| Nombre del Supervisor - Contratista:          | DIANA LUCIA VALLARINO VILLARREAL | Perfil:           | No. CTO: 1526-2021 |
| Apoyo técnico a la supervisión - Planta:      |                                  | Cargo:            | Código-Grado:      |
| Apoyo técnico a la supervisión - Contratista: |                                  | Perfil:           | No. CTO:           |

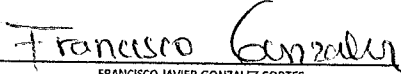
| DATOS DEL CONTRATO            |                        |               |      |
|-------------------------------|------------------------|---------------|------|
| NO CONTRATO:                  | 001280                 | Año Contrato: | 2021 |
| C.D.P. CONTRATO INICIAL:      | 72                     |               |      |
| PERFIL:                       | AUXILIAR DE ENFERMERÍA |               |      |
| DIRECCION A LA QUE PERTENECE: | URGENCIAS              |               |      |
| UNIDAD DE SERVICIOS:          | TUNAL                  |               |      |

| LIQUIDACIÓN DE SERVICIOS                                                           |              |                                                                  |                     |                        |            |              |                                 |
|------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------|---------------------|------------------------|------------|--------------|---------------------------------|
| SERVICIOS                                                                          | UNIDAD       | CENTRO DE COSTOS                                                 | CANT HORAS ESTANDAR | CANT HORAS ADICIONALES | VALOR HORA | TOTAL        | PORCENTAJE (%) CENTRO DE COSTOS |
| DIRECCION DE AMBULATORIOS                                                          | Mostrar      |                                                                  |                     |                        |            |              |                                 |
| DIRECCION DE URGENCIAS                                                             | Mostrar      |                                                                  |                     |                        |            |              |                                 |
| DIRECCION DE HOSPITALARIOS                                                         | Mostrar      |                                                                  |                     |                        |            |              |                                 |
| UCI PEDIATRICA                                                                     | Mostrar      |                                                                  |                     |                        |            |              |                                 |
| UCI NEONATAL                                                                       | Mostrar      |                                                                  |                     |                        |            |              |                                 |
| UCI ADULTOS                                                                        | Mostrar      |                                                                  |                     |                        |            |              |                                 |
| DIRECCION COMPLEMENTARIOS                                                          | Mostrar      |                                                                  |                     |                        |            |              |                                 |
| CONVENIO APH                                                                       | Mostrar      |                                                                  |                     |                        |            |              |                                 |
| SIRC                                                                               | SIRC         | N11TS                                                            | 180                 | 96                     | \$ 9.400   | \$ 2.594.400 | 100,00%                         |
| RURALIDAD                                                                          | Mostrar      |                                                                  |                     |                        |            |              |                                 |
| PARTICIPACION COMUNITARIA Y SERVICIO AL CIUDADANO (ASISTENCIAL) Y RUTA DE LA SALUD | Mostrar      |                                                                  |                     |                        |            |              |                                 |
| GESTION DEL RIESGO                                                                 | Mostrar      |                                                                  |                     |                        |            |              |                                 |
| SALUD PUBLICA PIC                                                                  | Mostrar      |                                                                  |                     |                        |            |              |                                 |
| HONORARIOS                                                                         | Mostrar      |                                                                  |                     |                        |            |              |                                 |
| REMUNERACION                                                                       | Mostrar      |                                                                  |                     |                        |            |              |                                 |
| VALOR SERVICIO PRESTADO MES:                                                       | \$ 2.594.400 | DOS MILLONES QUINIENTOS NOVENTA Y CUATRO MIL CUATROCIENTOS PESOS |                     |                        |            |              |                                 |

| EJECUCION PRESUPUESTAL DEL CONTRATO |              |                   |             |               |                                    |                                 |                     |               |
|-------------------------------------|--------------|-------------------|-------------|---------------|------------------------------------|---------------------------------|---------------------|---------------|
| FECHA INICIO CONTRATO               |              | 1/02/2021         |             |               | FECHA TERMINACION CONTRATO INICIAL |                                 | 30/04/2021          |               |
| No. PRORROGA                        | FECHA INICIO | FECHA TERMINACION | No. ADICION | VALOR ADICION | CDP                                | N. CUENTA SEGUN MES CERTIFICADO | MES CUENTA DE COBRO | VALOR A PAGAR |
|                                     |              |                   |             |               |                                    | 1                               |                     |               |
|                                     |              |                   |             |               |                                    | 2                               | Febrero             | \$ 2.143.200  |
|                                     |              |                   |             |               |                                    | 3                               | Marzo               | \$ 2.368.800  |
|                                     |              |                   |             |               |                                    | 4                               | Abril               | \$ 2.594.400  |
|                                     |              |                   |             |               |                                    | 5                               |                     |               |
|                                     |              |                   |             |               |                                    | 6                               |                     |               |
|                                     |              |                   |             |               |                                    | 7                               |                     |               |
|                                     |              |                   |             |               |                                    | 8                               |                     |               |
|                                     |              |                   |             |               |                                    | 9                               |                     |               |
|                                     |              |                   |             |               |                                    | 10                              |                     |               |
|                                     |              |                   |             |               |                                    | 11                              |                     |               |
|                                     |              |                   |             |               |                                    | 12                              |                     |               |
|                                     |              |                   |             |               |                                    | 13                              |                     |               |

|                            |                          |                  |                    |
|----------------------------|--------------------------|------------------|--------------------|
| VALOR INICIAL DEL CONTRATO | VALOR TOTAL DEL CONTRATO | PAGOS REALIZADOS | SALDO DEL CONTRATO |
| \$ 7.614.000               | \$ 7.614.000             | \$ 7.106.400     | \$ 507.600         |

| EJECUCIÓN DE ACTIVIDADES FRENTE A LAS OBLIGACIONES DURANTE EL PERÍODO REPORTADO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                             |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| OBLIGACIONES ESPECÍFICAS ( Las estipuladas en la minuta )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ACTIVIDADES DESARROLLADAS EN EL PERÍODO EN CUMPLIMIENTO DE CADA OBLIGACION                                                                                                                                                                                                  | PRODUCTO O EVIDENCIA  |
| 1) Prestar servicios de perfil (auxiliar de enfermería) acorde con la Lex Artis, según necesidad de LA SUBRED SUR E.S.E, de acuerdo a los principios del Sistema General de Seguridad Social (SGSS), Sistema Obligatorio de Garantía y Calidad (SOGC) y demás normas concordantes                                                                                                                                                                                                                                                                                         | prestar servicios técnicos como auxiliar de enfermería de traslados secundarios en las áreas asistenciales a los usuarios de la subred sur, con pleno cumplimiento de los estándares de calidad y oportunidad durante el tiempo de disponibilidad indicado en su propuesta. | HISTORIA CLINICA      |
| 2) Realizar actividades de información, educación, comunicación, encaminadas a promover y prevenir la enfermedad y el autocuidado de la salud a nivel individual, familiar y comunitaria.                                                                                                                                                                                                                                                                                                                                                                                 | realizar las actividades necesarias para mantener en buen estado y en condiciones optimas la movll asignada ,informando oportunamente al supervisor las novedades que puedan afectar la operación.                                                                          | LISTADO DE ASISTENCIA |
| 3) Registrar en la historia clínica la información de la intervención al paciente, plan de cuidados de enfermería, simultánea o inmediatamente después de su realización, con integridad, secuencialidad, racionalidad científica (lógica, clara, completa) y demás criterios que define el Ministerio de Salud y Protección Social o Entes competentes que regulen la materia (Resolución 1995/1999, 839/2017 norma que la modifique,sustituya), e informar de forma oportuna a la enfermera y/o médico del servicio, los cambios en el estado o evolución del paciente. | perstar servios técnicos como auxiliar de enfermería cumpliendo las ordenes impartidas por el equipo medico y por el supervisor del contrato.                                                                                                                               | LISTADO DE ASISTENCIA |
| 4) Apoyar la elaboración, actualización de formatos, protocolos, guías, procedimientos de enfermería y adherirse a los mismos, incluyendo el diligenciamiento del consentimiento informado en los casos pertinentes garantizando las normas universales de bioseguridad.                                                                                                                                                                                                                                                                                                  | prestar servicios técnicos como auxiliar de enfermeríacumpliendo ordenes ,brindar educacion al paciente que recibe nuestros servicios en cuanto ha generación de estilos ,hábitos y conductas de vida saludable.                                                            | BITACORA DE TRASLADOS |

|                                                                                                                                                                                                                                                                                                                           |     |                                                                                                                                                                                                    |                            |                                 |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------|--------------------------------------------------------------------------------------------|
| <br><b>ALCALDÍA MAYOR DE BOGOTÁ D.C.</b>                                                                                                                                                                                                  |     | SUBRED INTEGRADA DE SERVICIOS DE SALUD SUR E.S.E                                                                                                                                                   |                            |                                 |                                                                                            |
|                                                                                                                                                                                                                                                                                                                           |     | INFORME DE ACTIVIDADES CONTRATO DE PRESTACIÓN DE SERVICIOS                                                                                                                                         |                            | CO-OPS-FT-11 V6                 |                                                                                            |
| 5) Apoyar el proceso de alta temprana, fortaleciendo conocimientos del paciente y la familia en la promoción de hábitos saludables, autocuidado y cuidados específicos de acuerdo a tratamiento y recomendaciones médicas, dejando registro escrito en la historia clínica y /o documentos destinados por la institución. |     | Brindar educación al paciente que recibe nuestros servicios en cuanto a la generación de estilos, hábitos y conductas de vida saludables.                                                          |                            | FORMATO DE SOLICITUD DE INSUMOS |                                                                                            |
| 6) Otras actividades propias del perfil que fortalezcan el desarrollo de las actividades misionales.                                                                                                                                                                                                                      |     | realizar las actividades necesarias para mantener en buen estado y en condiciones óptimas la móvil asignada, informando oportunamente al supervisor las novedades que puedan afectar la operación. |                            | LISTADO DE ASISTENCIA           |                                                                                            |
| <b>INFORMACIÓN PAGO DE SEGURIDAD SOCIAL</b>                                                                                                                                                                                                                                                                               |     |                                                                                                                                                                                                    |                            |                                 |                                                                                            |
| PERIODO AL QUE CORRESPONDE EL                                                                                                                                                                                                                                                                                             |     | FECHA DE PAGO                                                                                                                                                                                      |                            | NUMERO DE PLANILLA              | VALOR HONORARIOS CERTIFICADOS MES ANTERIOR                                                 |
| AÑO                                                                                                                                                                                                                                                                                                                       | MES | AÑO                                                                                                                                                                                                | MES                        | DÍA                             |                                                                                            |
| 2021                                                                                                                                                                                                                                                                                                                      | 3   | 2021                                                                                                                                                                                               | 04                         | 19                              | 1037220603                                                                                 |
| VALOR HONORARIOS CERTIFICADOS MES ANTERIOR EN LETRAS                                                                                                                                                                                                                                                                      |     | DOS MILLONES TRESCIENTOS SESENTA Y OCHO MIL OCHOCIENTOS PESOS                                                                                                                                      |                            |                                 |                                                                                            |
| ÍTEM                                                                                                                                                                                                                                                                                                                      |     | ENTIDADES APORTANTES SEGURIDAD SOCIAL                                                                                                                                                              | INGRESO BASE DE COTIZACIÓN | VALOR MINIMO DE LOS APORTES     | VALOR APORTADO<br>(Sobre el 40% de los ingresos mensuales) no debe ser inferior a un SMLMV |
| PENSIONADO                                                                                                                                                                                                                                                                                                                | NO  | PORVENIR                                                                                                                                                                                           | \$ 947.520                 | \$ 151.600                      | \$ 151.700                                                                                 |
| SALUD                                                                                                                                                                                                                                                                                                                     |     | FAMISANAR                                                                                                                                                                                          |                            | \$ 118.400                      | \$ 118.500                                                                                 |
| ARL                                                                                                                                                                                                                                                                                                                       | 4   | SURA                                                                                                                                                                                               |                            | \$ -                            |                                                                                            |
| CAJA DE COMPENSACION                                                                                                                                                                                                                                                                                                      | NO  |                                                                                                                                                                                                    |                            | \$ 270.000                      | \$ 270.200                                                                                 |
| <b>INFORMACIÓN MEDIO DE PAGO</b>                                                                                                                                                                                                                                                                                          |     |                                                                                                                                                                                                    |                            |                                 |                                                                                            |
| ENTIDAD BANCARIA:                                                                                                                                                                                                                                                                                                         |     | BANCO DAVIVIENDA S.A.                                                                                                                                                                              | TIPO CUENTA                | AHORROS                         | NRO CUENTA                                                                                 |
|                                                                                                                                                                                                                                                                                                                           |     |                                                                                                                                                                                                    |                            |                                 | 4800450639                                                                                 |
| <br>FRANCISCO JAVIER GONZALEZ CORTES<br>NOMBRE COMPLETO CONTRATISTA<br>10.180.204<br>CC. NO. CONTRATISTA                                                                                                                                 |     | <br>DIANA LUCIA VALCARINO VILLARREAL<br>NOMBRE DEL SUPERVISOR<br>PROFESIONAL ESPECIALIZADO                      |                            |                                 |                                                                                            |
| 0<br>NOMBRE DEL APOYO TÉCNICO A LA SUPERVISIÓN<br>0                                                                                                                                                                                                                                                                       |     |                                                                                                                                                                                                    |                            |                                 |                                                                                            |
| 2021-02-12                                                                                                                                                                                                                                                                                                                |     |                                                                                                                                                                                                    |                            |                                 |                                                                                            |

Simple

PAGOSIMPLE | Prefectura

Fecha creación reporte: 2021-04-19, 03:00:54 PM Tipo Planilla: N. PLANILLA CORRECCIONES Referencia pago (PIN): 8842834050  
Nro Planilla Corregida: 1037220603 Período Cotización: marzo de 2021 Fecha límite de pago: 2021-04-06

GUARDADA 19/04/2021

I. DATOS DEL APORTANTE

|                     |                                  |  |  |                    |                |  |  |
|---------------------|----------------------------------|--|--|--------------------|----------------|--|--|
| Razón Social        | FRANCISCO JAVIER GONZALEZ CORTES |  |  | Dirección          | CR 7 #181 - 77 |  |  |
| Documento           | CC-10180204                      |  |  | Teléfono           | 3128559597     |  |  |
| Tipo de Empresa     | INDEPENDIENTE                    |  |  | Forma Presentación | UNICO          |  |  |
| Tipo Persona        | NATURAL                          |  |  | Total Afiliados    | 1              |  |  |
| Ciudad              | BOGOTÁ D.C.                      |  |  | Departamento       | BOGOTÁ D.C.    |  |  |
| Representante Legal |                                  |  |  | Identificación     |                |  |  |

IMPORTANTE: Señor aportante, si usted realiza el pago de su aporte después de las 3:00 PM este se hará efectivo al día hábil siguiente; recuerde revisar su liquidación antes del pago, SIMPLE S.A.; da por entendido que el aportante está de acuerdo con la información suministrada, en consecuencia cualquier inconsistencia con las administradoras serán responsabilidad del aportante.

II. DETALLE DEL APORTANTE

| Datos del Afiliado |                     |                 |                   | Novedades |    |    |    |    | Pensiones      |                |                | Salud          |                | Riesgos        |                |                | Cajas          |                |                |                | Parafiscales   |                |                | Total |
|--------------------|---------------------|-----------------|-------------------|-----------|----|----|----|----|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-------|
| Identificación     | Apellidos y Nombres | Tipo Cotización | Salida Cotización | 01        | 02 | 03 | 04 | 05 | Administradora | IBC Pension    | Administradora | IBC Salud      | Administradora | IBC Riesgo     | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora |       |
| CC 10180204        | FRANCISCO JAVIER    | 01              | 02                | 03        | 04 | 05 | 06 | 07 | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora |       |
| CC 10180204        | FRANCISCO JAVIER    | 01              | 02                | 03        | 04 | 05 | 06 | 07 | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora | Administradora |       |

III. TOTALES

|             |           |             |           |                 |               |                 |               |              |              |              |                       |                                           |                                       |                                     |             |
|-------------|-----------|-------------|-----------|-----------------|---------------|-----------------|---------------|--------------|--------------|--------------|-----------------------|-------------------------------------------|---------------------------------------|-------------------------------------|-------------|
| IBC Pensión | IBC Salud | IBC Riesgos | IBC Cajas | Aportes Pensión | Aportes Salud | Aportes Riesgos | Aportes Cajas | Aportes Sema | Aportes ICBF | Aportes ESAP | Aportes Min Educación | Aportes Incapacidades, Licencias, Salidas | Incapacidades, Licencias, Salidas ARP | Subtotal Sin Intereses de Intereses | TOTAL FINAL |
| \$ 8.153    | \$ 8.153  | \$ 0        | \$ 0      | \$ 1.400        | \$ 1.000      | \$ 0            | \$ 0          | \$ 0         | \$ 0         | \$ 0         | \$ 0                  | \$ 0                                      | \$ 0                                  | \$ 2.400                            | \$ 2.400    |

IV. INFORMACION

|                            |  |                             |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|----------------------------|--|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Día hábil de pago sin mora |  | Período de cotización salud |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 2                          |  | Enero                       | Febrero                  | Marzo                    | Abril                    | Mayo                     | Junio                    | Julio                    | Agosto                   | Septiembre               | Octubre                  | Noviembre                | Diciembre                |
|                            |  | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Calam-Colsubsidio-Mercadoguerias Cafam-Colsubsidio-



888842834050000000991231

Grupo Éxito-Bancompartir-Comfandi Grupo Éxito-Bancompartir



(415)7709998485884(8020)8842834050(3900)0000000(96)20991231

Señor aportante recuerde realizar el pago de sus aportes al Sistema General de Seguridad Social dentro de las fechas límite establecidas y evite posibles inconsistencias en la prestación de los servicios con sus administradoras.

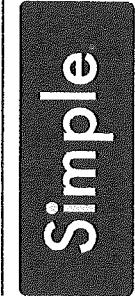
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Líneas de Servicio Fonosimple: Bogotá 343 2949 - Cali: 554 0515 - Medellín: 514 66 69 - Bucaramanga: 643 80 00 - Cartagena: 694 54 44 - Pereira: 340 25 82 - Barranquilla: 361 88 50 - Resto del País: 0180000 971 971 - ¡Más que Fácil, SIMPLE!

Antes de imprimir, asegúrese que sea realmente necesario. Proteger el medio ambiente está en nuestras manos.

El Poder de lo SIMPLE





# PAGOSIMPLE

AUTOLIQUIDACION  
CONSOLIDADA

Fecha creación reporte: 2021-04-19, 09:56:00 AM Tipo Planilla: I: PLANILLA INDEPENDIENTES Número Planilla: 1037220603  
Período Cotización: marzo de 2021 Período Servicio: marzo de 2021 Referencia pago (PIN): 8842704580

PAGADO 19/04/2021

## I. DATOS DEL APORTANTE

|                     |                                  |                    |                |
|---------------------|----------------------------------|--------------------|----------------|
| Razón Social        | FRANCISCO JAVIER GONZALEZ CORTES |                    |                |
| Documento           | CC-10180204                      | Dirección          | CR 7 #181 - 77 |
| Tipo de Empresa     | INDEPENDIENTE                    | Teléfono           | 3128559597     |
| Tipo Persona        | NATURAL                          | Forma Presentación | ÚNICO          |
| Ciudad              | BOGOTÁ D.C.                      | Departamento       | BOGOTÁ D.C.    |
| Representante Legal |                                  | Identificación     |                |
| Total Afiliados     | 1                                | ARP                | NINGUNA ARP    |

## II. DETALLE DEL APORTANTE

| Datos del Afiliado |                     |                 | Novedades          |    |       |     |     |     |     |     |     |     |    |     | Pensiones |     |      | Salud |      |      | Riesgos |      |      | Cajas |      |      | Parafiscales |      |      | Total |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 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     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 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| Identificación     | Apellidos y Nombres | Tipo Cotización | Subtipo Cotización | BO | RET P | TDE | TAE | TDP | TAP | VSP | CON | RES | MA | LMA | VAV       | AVP | OTAP | OTAP  | OTAP | OTAP | OTAP    | OTAP | OTAP | OTAP  | OTAP | OTAP | OTAP         | OTAP | OTAP | OTAP  | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | OTAP | 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## III. TOTALES

|             |            |             |      |           |      |                 |            |               |            |                 |      |               |      |              |      |             |      |              |      |                       |      |                                                 |      |                   |      |                                |            |                         |      |             |            |
|-------------|------------|-------------|------|-----------|------|-----------------|------------|---------------|------------|-----------------|------|---------------|------|--------------|------|-------------|------|--------------|------|-----------------------|------|-------------------------------------------------|------|-------------------|------|--------------------------------|------------|-------------------------|------|-------------|------------|
| IBC Pensión | \$ 939.357 | IBC Riesgos | \$ 0 | IBC Cajas | \$ 0 | Aportes Pensión | \$ 150.300 | Aportes Salud | \$ 117.500 | Aportes Riesgos | \$ 0 | Aportes Cajas | \$ 0 | Aportes Sana | \$ 0 | Aportes CBF | \$ 0 | Aportes ESAP | \$ 0 | Aportes Min Educación | \$ 0 | (Incapacidades, Licencias, Salidas a Favor) EPS | \$ 0 | Incapacidades ARP | \$ 0 | SUBTOTAL SIN INTERESES DE MORA | \$ 267.800 | TOTAL INTERESES DE MORA | \$ 0 | TOTAL FINAL | \$ 267.800 |
|-------------|------------|-------------|------|-----------|------|-----------------|------------|---------------|------------|-----------------|------|---------------|------|--------------|------|-------------|------|--------------|------|-----------------------|------|-------------------------------------------------|------|-------------------|------|--------------------------------|------------|-------------------------|------|-------------|------------|



