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|  | **PARA PAGO** | | **Espacio exclusivo para el rótulo de radicación** |
|  |
| **PROCESO GESTIÓN JURÍDICA Y CONTRACTUAL** | |
| **Código: FO-GJC-014** | | **Elaboró:** Dirección de Contratación |
| **Versión: 4** | | **Revisó:** Oficina de Desarrollo Institucional |
| **Página: 1 de 1** | | **Aprobó:** Comité técnico de calidad |

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| **CIUDAD:** | | FUSAGASUGA | | | **FECHA** |  |  |  | | **ACTA PARCIAL** | |  | | |
| **CONTRATO** |  | | | | **PERIODO A CANCELAR** |  |  |  | | **AL** |  | |  |  |
| **OBJETO DEL CONTRATO** | | |  | | | | | | | | | | | |
| **VALOR DEL CONTRATO** | | |  | | | | | | | | | | | |
| **VALOR A CANCELAR EN LA PRESENTA ACTA** | | |  | | | | | | | | | | | |
| **NOMBRE CONTRATISTA** | | |  | | | | | | | | | | | |
| **NOMBRE INTERVENTOR Y/O SUPERVISOR** | | |  | | | | | | | | | | | |
| **ANEXO LA SIGUIENTE DOCUMENTACIÓN**   |  |  | | --- | --- | |  | ACTA PARCIAL No. | |  | INFORME Y CERTIFICACIION | |  | SALUD Y PENSION O PARAFISCALES | |  | INFORME DE ACTIVIDADES | |  | FACTURA | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | |
| **FIRMA** | | | | | | | | | | | | | | |
|  | | | | FUNCIONARIO QUIEN TRAMITA LA CUENTA | | | | |  | | | | | |
| Nombre: | | | | |
| Firma | | | | |