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| **CONTRATO DE OBRA N°** | | | | | | | Valor Contrato: (Si el contrato tiene adiciones ya sea en valor o plazo, deben incluir las filas respectivas, así mismo si ha tenido suspensiones y reiniciaciones). | | | | $ - | |
| **OBJETO:** | | | | | | | Plazo | | | | XX Días | |
| Valor Anticipo | | | | $ - | |
| Fecha Iniciación | |  | |  | |
| **CONTRATISTA:** | | | | | | | Fecha Terminación | | | |  | |
| **INTERVENTOR Y/O SUPERVISOR:** | | | | | | | Fecha Elaboración Presente Acta | | | |  | |
|  | | | | | | | Fecha Periodo de Ejecución Presente Acta | | | |  | |
|  | | | | | | | Valor Presente Acta | | | | $ - | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **CONDICIONES CONTRATADAS** | | | | | | | | **ACUMULADO ACTA(S) (Si aplica de lo contrario retirar)** | | **MODIFICACION DE CANTIDADES N° XX** | | **PRESENTE ACTA** | | **ACUMULADO TOTAL** | | | **ITEM** | **DETALLE** | **CPC** | | **CANTIDAD** | **UND** | **VALOR UNITARIO** | **VALOR TOTAL** | **CANTIDAD** | **VALOR TOTAL** | **CANTIDAD** | **VALOR TOTAL** | **CANTIDAD** | **VALOR TOTAL** | **CANTIDAD** | **VALOR TOTAL** | | **CODIGO** | **DESCRIPCION** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | **TOTALES** | | | | | | | **$ -** |  | **$ -** |  | **$ -** |  | **$ -** |  | **$ -** |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **BALANCE DEL CONTRATO** | | |  |  |  |  | **BALANCE DEL ANTICIPO** | | | | VALOR DEL CONTRATO | $ - |  |  |  |  |  | VALOR ANTICIPO | $ - |  | | VALOR ACTA PARCIAL N°\_\_\_\_ |  | $ - |  |  |  |  | VALOR AMORTIZADO ACTA PARCIAL N° \_\_ |  | $ - | | VALOR ACTA FINAL |  |  |  |  |  |  | VALOR AMORTIZADO PRESENTE ACTA |  | $ - | | VALOR SIN EJECUTAR |  | $ - |  |  |  |  | **SUMAS IGUALES** | $ - | $ - | | **SUMAS IGUALES** | **$ -** | **$ -** |  |  |  |  |  |  |  | | **BALANCE PRESENTE ACTA** | | |  |  |  |  | **BALANCE PARA PAGO ACTA DE LIQUIDACION** | | |  | | | | | $ - | | |  | | | | | VALOR PRESENTE ACTA | $ - | |  |  |  |  | VALOR PARA PAGO EN ACTA DE LIQUIDACION | $ - |  | | (-) AMORTIZACION ANTICIPO | $ - | |  |  |  |  | VALOR ACTA PARCIAL N°\_\_\_\_ |  | $ - | | (-) VALOR A PAGAR EN ACTA DE LIQUIDACION | $ - | |  |  |  |  | VALOR ACTA FINAL |  | $ - | | **VALOR NETO A CANCELAR EN ESTA ACTA** | $ - | |  |  |  |  | **SUMAS IGUALES** | $ - | $ - |  | | | | | |  |  |  |  |  |  | |  |  |  | | SON: (EN ESTA CASILLA SE ESCRIBIRA EL VALOR A CANCELAR EN LETRAS) | | | | | | | | | |  | | | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | | |  |  |  |  |  |  |  |  |  |  | | EL SUSCRITO INTERVENTOR Y/O SUPERVISOR DEL CONTRATO DE OBRA CERTIFICA QUE EL CONTRATISTA SE ENCUENTRA A PAZ Y SALVO CON LOS PAGOS DE SEGURIDAD SOCIAL Y PARAFISCALES DE ÉL Y DE SUS TRABAJADORES | | | | | | | | | |  | | | | | |  | | | | |  | | |  | | |  | | |  | | |  | | |  | | | |  |  | | | | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | | |  |  |  |  |  |  |  |  |  |  |  | | XXXXXXXXXXXXXXXXXXXXXX | |  | XXXXXXXXXXXXXXXXXXX | | |  | XXXXXXXXXXXXXXXXXX | |  |  |  | | | | | |  | | | **CONTRATISTA** | |  | **SUPERVISOR** | | |  | **INTERVENTOR** | |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  | | **V° B° PROFESIONAL SALUD OCUPACIONAL IBAL** | |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | |