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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 | | | |  | |
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| **CONDICIONES CONTRACTUALES** | | | | | | | | | | | | | **PRESENTE ACTA** | | | | **ACUMULADA** | | | |
| **ACTIVIDAD** | | | **UND** | | **CANT.** | | | | **V/UNIT** | | | **V/TOTAL** | **CANT.** | | **VALOR** | | **CANT.** | | **V/TOTAL** | |
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|  | | ÍTEMS NO PREVISTOS |  | |  | | | |  | | |  |  | |  | |  | |  | |
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| **TOTALES** | | | | | | | | | | | | **$ -** |  | | **$ -** | |  | | **$ -** | |
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|  | BALANCE DEL CONTRATO | | | | | | | | | | |  |  | | ESTADO DEL ANTICIPO | | | | | |
|  | VALOR DEL CONTRATO | |  | | | | $ | | | | |  | VALOR ANTICIPO | | | | $ - | |  | |
|  | VALOR A PAGAR EN ACTA DE LIQUIDACIÓN | |  | | | | $ | | | | | VALOR AMORTIZADO ACTA PARCIAL N°\_\_\_ | | | | |  | | $ - | |
|  | VALOR ACTA PARCIAL N° \_\_ | |  | | | | $ | | | | |  | VALOR AMORTIZADO PRESENTE ACTA | | | |  | | $ - | |
|  | VALOR A PAGAR EN ACTA FINAL | |  | | | | $ | | | | |  | SUMAS IGUALES | | | | | $ - | | $ - | |
|  | VALOR SIN EJECUTAR | |  | | | |  | | | | |  |  | |  | |  | |  | |
|  | **SUMAS IGUALES** | |  |  | | |  | | | | |  |  | |  | |  | |  | |
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|  | BALANCE PRESENTE ACTA | | | | | |  | | | | |  |  | |  | |  | |  | |
|  | VALOR ACTA FINAL | | $ \_\_\_\_\_\_\_ | | | |  | | | | | 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 | | | | | | | | |
|  | AMORTIZACIÓN ANTICIPO | |  | | | | $\_\_\_\_\_\_\_\_ | | | | |
|  | VALOR A PAGAR EN ACTA DE LIQUIDACIÓN | |  | | | | $\_\_\_\_\_\_\_\_ | | | | |
|  | VALOR NETO A CANCELAR EN ESTA ACTA | | $\_\_\_\_\_\_\_\_ | | | |  | | | | |
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| SON: (EN ESTA CASILLA SE ESCRIBIRA EL VALOR A CANCELAR EN LETRAS) | | | | | | | | | | | | | | | | | | | | |
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|  | XXXXXXXXXXXXXXXX | |  |  | |  | | | |  | | | XXXXXXXXXXXXX | |  | | XXXXXXXXXXXXX | |  | |
| CONTRATISTA | | | | | | | | | | SUPERVISOR INTERVENTOR (Si es el caso) | | | | | | | | | | |
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| V° B° Profesional Salud Ocupacional IBAL | | | | | |  | | | |  | | | | | | | | | | |