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| La **SECRETARÍA DISTRITAL DE GOBIERNO/ALCALDIA LOCAL DE XX**, una vez verificado el expediente contractual, y sin que en él conste la ocurrencia de siniestros amparados con la garantía exigida, realiza su cierre:[[1]](#footnote-1)   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Información General del Contrato** | | | | | | | | | | | | **Contrato / Convenio No. :** | |  | | | | | **Fecha:** | | | | | **Objeto:** | | | | | | | | | | | | **Supervisor:** |  | | | | | | | | | | | **Contratista:** |  | | | | NIT / C.C: | | | | | | | **Valor Total:** | $ | | | | | | | | | | | **Valor Ejecutado:** | $ | | | | | | | | | | | **Saldo a liberar:** | $ | | | | | | | | | | | **Fecha de inicio:** | | | (dd/mm/aaaa) | | | | | | | | | **Modificaciones al contrato (señalar tipo):** | | | **Tipo de Modificación** | | | | | **Fecha de Suscripción** | | | | (Incluir las celdas a que haya lugar, según el número de modificaciones del contrato) | | | | | (dd/mm/aaaa) | | | | **Fecha de terminación:** | | | (dd/mm/aaaa) | | | | | | | | | **Fecha de Liquidación (Si hubo lugar a ella):** | | | (dd/mm/aaaa) | | | | | | | | | **Vencimiento de las Garantías N° (Incluir número de la garantía) de (Incluir nombre de la Aseguradora)**  **(incluir todos los amparos que hagan parte de la garantía)** | | | | | | | | | | | | **Tipo** | | | **Desde** | | | | | **Hasta** | | | | **DD** | **MM** | | **AAAA** | | **DD** | **MM** | **AAAA** | | Cumplimiento | | | dd | mm | | aaaa | | dd | mm | aaaa | | Calidad del Servicio | | | dd | mm | | aaaa | | dd | mm | aaaa | | Calidad y correcto funcionamiento de los bienes | | | dd | mm | | aaaa | | dd | mm | aaaa | | Salarios y Prestaciones Sociales | | | dd | mm | | aaaa | | dd | mm | aaaa | | Responsabilidad Civil Extracontractual | | | dd | mm | | aaaa | | dd | mm | aaaa | | Estabilidad de la Obra | | | dd | mm | | aaaa | | dd | mm | aaaa | | **Verificación de condiciones de disposición final o recuperación ambiental de las obras o bienes**  **(solo cuando aplique)** | | | | | | | | | | | | Cumple  No cumple | | | | | | | | | | |   Para efectos de lo anterior se suscribe a los: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Nombre Ordenador del Gasto) Supervisor del Contrato**  **(Cargo Ordenador del Gasto)**  Elaboró:  Revisó: |

1. De conformidad con lo establecido en el artículo 2.2.1.1.2.4.3 del Decreto 1082 de 2015. [↑](#footnote-ref-1)