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| La **SECRETARÍA DISTRITAL DE GOBIERNO/ ALCALDIA LOCAL DE \_\_\_\_\_\_\_(En caso que aplique),** una vez verificado el expediente contractual, y sin que en él conste la ocurrencia de siniestros amparados con la garantía exigida, realiza su cierre:   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Información General del Contrato** | | | | | | | | | | | | **Contrato / Convenio** | | No: | | | | | **Fecha: «FECHA\_SUSCRIPCION»** | | | | | **Objeto:** | | | | | | | | | | | | **Contratista:** | «CONTRATISTA» | | | | NIT / C.C: «DOC\_CONTRATISTA» | | | | | | | **Cesionario** | “SI APLICA” | | | | NIT / C.C: «DOC\_CONTRATISTA» | | | | | | | **Fecha de inicio:** | | | «FECHA\_INICIO» | | | | | | | | | **Valor Inicial del Contrato:** | | |  | | | | | | | | | **Adición No. 1:**  **Fecha de la Adición:** | | | “Se debe crear las filas correspondientes de las adiciones que haya tenido el contrato” | | | | | | | | | **Prorroga No. 1:**  **Fecha de la Prorroga:** | | | “Se debe crear las filas correspondientes de las prórrogas que haya tenido el contrato” | | | | | | | | | **Valor Final del Contrato:** | | | “En este campo se incluye el valor inicial más las adiciones realizadas” | | | | | | | | | **Fecha de terminación:** | | | «FECHA\_TERMINACION» | | | | | | | | | **Fecha de Liquidación (Si hubo lugar a ella):** | | | (dd/mm/aaaa) | | | | | | | | | **Garantías N°«POLIZA» (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 | | |  | mm | | aaaa | | «FIN\_AMPARO» | 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 | | **Observaciones: (en esta casilla se debe registrar las situaciones especiales que tuvo el contrato en su ejecución. Ejemplo: Terminación anticipada, Imposición de Multas, etc.)** | | | | | | | | | | | | **Verificación de condiciones de disposición final o recuperación ambiental de las obras o bienes**  **(solo cuando aplique)** | | | | | | | | | | | | Cumple  No cumple | | | | | | | | | | | | **Verificación de la Conformación del expediente según Gestión documental**  N° Carpetas\_\_\_ N° de Folios \_\_ N° Anexos \_\_\_\_ | | | | | | | | | | |   Para efectos de lo anterior se suscribe a los: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(NOMBRE ORDENADOR DEL GASTO) «NOMBRE DEL SUPERVISOR»**  **(CARGO ORDENADOR DEL GASTO**) **«DEPENDENCIA»**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DIRECTOR ADMINISTRATIVO/ RESPONSABLE GESTIÓN DOCUMENTAL FDL**  Elaboró:  Revisó: |