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| **ENTIDAD A COBRAR** | | |  | | | | | | | | | |
| **ENTIDAD A PAGAR** | | |  | | | | | | | | | |
|  | | | | | | | | | | | | |
| **CEDULA JUBILADO** | | |  | | | **APELLIDOS Y NOMBRE** | | | |  | | |
| **CONCEDIDA RESOLUCION** | | |  | | | **DE** |  | | **ESTADO** |  | **A partir** |  |
| **DIAS** |  | |  | | | **PORCENTAJE** | |  | | **VALOR PENSION INICIAL** | |  |
|  |  | | | | | | | | | | | |
| **FECHA INICIAL PENSION** | |  | | | **FECHA CAUSACION DERECHO** | | | | |  | **FECHA FALLECIMIENTO** |  |
|  | | | | | | | | | | | | |
| **SUSTITUTO** |  | | | | | | | **CEDULA** | |  | | |
| **RESOLUCION DE SUSTITUCION** | | |  |  | |  | **DE** | | |  | | |
| **PERIODO LIQUIDADO** | | |  | | | | | | | **AL** |  | |
|  |  | |  | | |  | |  | |  |  |  |
| **AÑO** | **APLICA** | |  | | | **% INC** | | **INC AD** | | **CUOTA PARTE** | **SALUD** | **VALOR PERIODO** |
|  |  | |  | | |  | |  | |  |  |  |
|  |  | |  | | |  | |  | |  |  |  |
| **TOTAL PERIODO LIQUIDADO** | | |  | | | | | | |  |  |  |

SECRETARIA DE SERVICIOS ADMINISTRATIVOS

FECHA ELABORACION