

## REGIMEN ESTATAL DE PROTECCION SOCIAL EN SALUD EN CAMPEC

Numero de Comprobante MAPA870211NG3-BPM-0390000345 Quincena 2020 -4 Fecha de Pago 10-marzo-2020 Periodo de Pago 16-febrero-2020 Al 29-febrero-2020 No. de Seguridad Social AC1BB4AA-B14D-4D43-AF06-DBD7051BB269 Folio Fiscal

BRAVO 28
SAN ROMAN
SAN FRANCISCO DE CAMPECHE CAM
RFC: REP150914KD0 REGIMEN FISCAL: REGIMEN GENERAL DE LEY PERSONAS MORALES

FECHA EMISION 08/05/2020 12:22:07p.m.

DATOS DEL EMPLEADO					
Nombre:	MARIN PER	REZ JOSE ABRAHAM		Numero de Empl	eado: 6,000,000,531
RFC:	MAPA87021	1NG3	CURP: MAPA870211HCCRRB07	Clave de Pago:	U005U0512201M302100004000022305
Puesto:	M302100	APOYO ADMINISTR	ATIVO EN SALUD A5		EVENTUAL
Centro de	Trabajo:	0414720095	REGIMEN ESTATAL DE PROTECCIO	ON SOCIAL EN S	ALUD EN CAMPEC

	I ENCEI CIONES	PERCEPCIONES			
Clave	Descripción	Importe			
10200	SUELDOS BASE A PERSONAL EVENTUAL	4,425.00			

DEDUCCIONES				
Clave	Descripción	Importe		
20100	IMPUESTO SOBRE LA RENTA	364.18		

\$4,060.85 NETO A PAGAR (Cuatro Mil Sesenta Pesos 85/100 M.N.)

FIRMA DEL TRABAJADOR

PERCEPCIONES				
Clave	Desc	ripción	Importe	
10200	SUELDOS BASE A PERSONAL EVE	ENTUAL	4,425.00	
$\overline{}$		TOTAL PERCEPCIONES	4,425.00	

DEDUCCIONES			
Clave	Descripción	Importe	
20100	IMPUESTO SOBRE LA RENTA	364.15	
	TOTAL DEDUCCIONES	364.15	

NETO A PAGAR

\$4,060.85

(Cuatro Mil Sesenta Pesos 85/100 M.N.)

FIRMA DEL TRABAJADOR

CERTIFICADO EMISOR: 00001000000303366063

## SELLO DIGITAL CFDI

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CERTIFICADO SAT: 00001000000202864530

FECHA Y HORA DE CERTIFICACION:

08/05/2020 01:22:08p.m.

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