

REGIMEN ESTATAL DE PROTECCION SOCIAL EN SALUD EN CAMPEC

| | · · · · · · · · · · · · · · · · · · · |
|-------------------------|---------------------------------------|
| Numero de Comprobante | MOMR740604F25-BPM-0390000234 |
| Quincena | 2020 -2 |
| Fecha de Pago | 10-marzo-2020 |
| Periodo de Pago | 16-enero-2020 Al 31-enero-2020 |
| No. de Seguridad Social | |
| Folio Fiscal | CBFC38AC-A282-44A1-9EFA-6F7E49C1E50D |

BRAVO 28

SAN ROMAN SAN FRANCISCO DE CAMPECHE C.P. 24040

| RFC: REP150914KD0 | | MEN GENERAL DE LEY PERSONAS MORALES | FECHA EMISION | 08/05/2020 11:35:12a.m. | | | |
|--------------------|--------------------|-------------------------------------|-------------------------------|-------------------------|--|--|--|
| DATOS DEL EMPLEADO | | | | | | | |
| Nombre: MORA | LES MURGUIA RAFAEL | HUMBERTO | Numero de Empleado: | 6,000,000,673 | | | |
| RFC: MOM | 3740604F25 | CURP: MOMR740604HYNRRF09 | Clave de Pago: U005U0112201M1 | 00401004000042305 | | | |
| Puesto: M1004 | 01 MEDICO ESPECIAI | LISTA A1 | EVENTUAL | | | | |
| Centro de Trabajo | 0414720454 | REGIMEN ESTATAL DE PROTECCI | ON SOCIAL EN SALUD EN CAMPEO | | | | |

| | PERCEPCIONES | | | | |
|-------|-----------------------------|--------------------|-----------|--|--|
| Clave | Desc | ripción | Importe | | |
| 10200 | SUELDOS BASE A PERSONAL EVE | ENTUAL | 11,939.40 | | |
| | 1 | TOTAL PERCEPCIONES | 11,939.40 | | |

| | Importe |
|---------------------------|----------------------|
| 50100 | |
| 26200 PENSION ALIMENTICIA | 1,903.53 5,017.94 |

\$5.017.93 NETO A PAGAR (Cinco Mil Diecisiete Pesos 93/100 M.N.)

FIRMA DEL TRABAJADOR

CERTIFICADO EMISOR: 00001000000303366063



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SELLO DIGITAL SAT

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CADENA ORIGINAL DEL COMPLEMENTO DE CERTIFICACION DIGITAL DEL SAT

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it Pw5pLJr/oFKVY7zZJdxGbZBpsYMVzaFwNmDLZUm/

CERTIFICADO SAT: 00001000000202864530

FECHA Y HORA DE CERTIFICACION:

08/05/2020 12:35:13p.m.

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