**certificate of completion & acceptance**

Name of Project :

Location :

Contract Amount :

Contractor :

Date of NTP (Received) :

Contract Duration :

Completion Date :

**This is to certify that the above-stated repair/project is 100% completed in accordance with the approved Program of Works, Plans and Specifications.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Laborer/Contractor Schools Physical Facilities Coordinator**

**On behalf of the Department of Education, I do hereby accept the above-cited repair/project that has been certified as completed in the Certificate of Completion.**

**Done this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2022.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**School Head**