**certificate of completion**

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 has been satisfactorily completed in accordance with the approved Program of Works, Plans and Specifications.**

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

Signed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**School Physical Facilities Coordinator**

Approved:

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