

CERTIFICATION OF WORK
 To be completed by the Contractor and saved in the Contractor's CMMS

FacID Building: 1172 800 118 Date of Visit: 10/9/18
 Location Address: ET TOPEKA KS

Contractor Personnel on Site:
Parveen JTO

Work Performed: REPAIR STORM FENCE
 Service Calls - FOCSSE
651 92771 10/10/2018

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:
 Print Name: Parveen JTO Date: 10/9/18
 Signed: Parveen

To be signed by Facility Manager:
 I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: Lucia Gatica AGO Date: 9 Oct 2018
 Signed: Lucia Gatica
 Email: Lucia.Gatica.CTN@mail.mil

