



FINANCE DIRECTORATE

GOODS / WORKS / SERVICES CERTIFICATION FORM

ITEM NUMBER (IF APPLICABLE):

ITEM DESCRIPTION:

BENEFICIARY UNIT:

NAME OF CONTRACTOR/SUPPLIER:

LOCATION/ADDRESS:

BRIEF DESCRIPTION OF GOODS/WORKS/SERVICES:

.....

STATE WHETHER IN YOUR OPINION THE CONTRACT HAS BEEN PERFORMED TO EXPECTATION:

.....

GIVE REASONS:

.....

UNIT HEAD'S NAME:

SIGNATURE: DATE:

EXPERT'S REMARKS (IF APPLICABLE):

.....

NAME:

SIGNATURE: DATE: