



### JOB COMPLETION / CLIENT ACCEPTANCE CERTIFICATE

**Client Information**

Ref No:

Company/Name: <b>SMILE COTTAGES</b>	Contact Person: <b>KABO GAMBE RICHARD</b>
Physical address: <b>GULU</b>	E-mail Address: <b>0781048982</b>
Site ID:	Telephone No.: <b>0784584220</b>
	Alternative No.:
	Designation :

**Field Engineer**

Vendor Name: <b>Pumway</b>	<b>Equipment Details</b>
Date: <b>10/04/2024</b>	Type of Equipment: <b>Microwave</b>
Time in :	Model Name : <b>lanbin</b>
Time out :	Model Number: <b>Force 190</b>
	Serial No.:

**Activity**

Installation	<b>Done</b>
Support	
Additional service	

**Acceptance**

Client Remarks /Signature	Vendor Engineer Remarks /Signature	Solutions Delivery Manager Signature
	<b>Patrick O. De patho</b>	

**Billing**

Start billing date:	BPA:
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Head Enterprise Solutions\_\_\_\_\_  
Head Credit Control