



JOB COMPLETION / CLIENT ACCEPTANCE CERTIFICATE

Client Information

Ref No:

Company/Name: <i>matagi Enterprise</i>	Contact Person: <i>0707094143.</i>
Physical address: <i>KISIAA ROAD, KALIRO</i>	E-mail Address: <i>kinjalug4@gmail.com</i>
Site ID:	Telephone No.:
	Alternative No.: <i>0752 689377.</i>
	Designation :

Field Engineer

Vendor Name: <i>Runway Networks Ltd</i>	Equipment Details
Date: <i>20th - JAN - 2021</i>	Type of Equipment: <i>Microwave</i>
Time in: <i>15:00 hrs</i>	Model Name: <i>Combi</i>
Time out: <i>19:00 hrs</i>	Model Number: <i>Force 190 / 1000</i>
	Serial No.:

Activity

Installation	<i>New Installation</i>
Support	
Additional service	

Acceptance

Client Remarks /Signature	Vendor Engineer Remarks /Signature	Solutions Delivery Manager Signature
<i>J. N. Patel</i>	<i>NKUGUA BKI AKI</i> <i>[Signature]</i>	

Billing

Start billing date:	BPA:
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Head Enterprise Solutions

Head Credit Control