



# JOB COMPLETION / CLIENT ACCEPTANCE CERTIFICATE

## Client Information

Ref No:

Company/Name: <i>IAN KAGERA</i>	Contact Person: <i>0704339977</i>
Physical address: <i>MBARARA</i>	E-mail Address: <i>ian@raisingthevillage.org</i>
Site ID:	Telephone No.:
	Alternative No.: <i>070111585</i>
	Designation: <i>T.I ADMINISTRATION</i>

## Field Engineer

Vendor Name:	<b>Equipment Details</b>	
Date: <i>10/12/21</i>	Type of Equipment: <i>Cambium</i>	
Time in: <i>2:00</i>	Model Name: <i>FXR 190</i>	
Time out: <i>5:00</i>	Model Number:	
	Serial No.:	

## Activity

Installation	<i>Internet Service</i>
Support	
Additional service	

## Acceptance

Client Remarks /Signature	Vendor Engineer Remarks /Signature	Solutions Delivery Manager Signature
<i>[Signature]</i>	<i>Kawira Amy</i> <i>[Signature]</i>	

## Billing

Start billing date:	BPA:
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Head Enterprise Solutions

Head Credit Control