



# JOB COMPLETION / CLIENT ACCEPTANCE CERTIFICATE

## Client Information

Ref No:

Company/Name: <i>Oyam District Local Government D.H.O</i>	Contact Person: <i>DR MALINDA THOMAS</i>
Physical address: <i>Oyam Town Council</i>	E-mail Address: <i>malinda.thomas@gmail.com</i>
Site ID: <i>N04220</i>	Telephone No.: <i>0772806550</i>
	Alternative No.: <i>0779731179</i>
	Designation: <i>DHO</i>

**DISTRICT HEALTH OFFICER-OYAM**  
 P.O. BOX 30, LORO

## Field Engineer

Vendor Name: <i>Runway Networks Ltd</i>	Equipment Details
Date: <i>30<sup>th</sup> July 2020</i>	Type of Equipment: <i>Force 200</i>
Time in:	Model Name:
Time out:	Model Number:
	Serial No.:

## Activity

Installation	<i>Installation executed successfully</i>
Support	
Additional service	

## Acceptance

Client Remarks /Signature	Vendor Engineer Remarks /Signature	Solutions Delivery Manager Signature
<i>DR MALINDA THOMAS DHO - OYAM 30/07/2020</i>	<i>OMARA KENNETH</i>	

## Billing

Start billing date:	BPA:
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Head Enterprise Solutions

Head Credit Control