



## JOB COMPLETION / CLIENT ACCEPTANCE CERTIFICATE

### Client Information

Ref No:

Company/Name: <b>ELECTORAL COMMISSION</b>	Contact Person: <b>AJWANG GETRUDE OBI</b>
Physical address: <b>AMURU</b>	E-mail Address: <b>getrudeobi@gmail.com</b>
Site ID:	Telephone No.: <b>0772565199</b>
	Alternative No.:
	Designation: <b>RODR</b>

### Field Engineer

Vendor Name: <b>Humway</b>	Equipment Details
Date: <b>09/01/2021</b>	Type of Equipment: <b>Micromove</b>
Time in: <b>12:00hrs</b>	Model Name: <b>Cambium</b>
Time out: <b>14:15 hrs</b>	Model Number: <b>Force 190</b>
	Serial No.:

### Activity

Installation	<b>Installation completed and service tested.</b>
Support	
Additional service	

### Acceptance

Client Remarks /Signature	Vendor Engineer Remarks /Signature	Solutions Delivery Manager Signature
<b>AJWANG GETRUDE OBI</b> <b>SUCCESSFUL</b>	<b>Penzatho</b>	

### Billing

Start billing date:	BPA:
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Head Enterprise Solutions

Head Credit Control