

Certification of Payment (COP)

Name:		ONLY	Contract	t No.:		
Project Number:			Fee: (pe	r diem)		
Project Title:			Duration):		
Starting Date:		Expiry date:	Expecte	d number of	work days per wee	k:
Nationality:		<u> </u>	Vendor I	No.:		
Allotment Numbe	r(s):		Index no).:		
MOD Number(s):						
Please type or	print and m	THE SUBSCRIBER nail original and first and Development Program				claim upon completion of NY 10017.
Attention: (Finance Officer) N/A		·	Room		I/A	
I certify that the da	ates indicate	ed below are an accurate	account of the serv	ices and du	ities performed und	der the terms of this contra
Countries visited (Payment Milestone) Final MTR Report for 2nd			worked		. of days worked	
		From 16 nd December, 2019	To 19 th December, 20		(% of Payment)	Total Payable USD 6,250.00
phase of the GoT LDCF NAPA early project in the Gar PIMS # 5156	warning					
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