

CONTRACT COMPLETION STATEMENT

1. FROM: <i>(Contract Administration Office)</i>		2a. PII NUMBER
		2b. LAST MODIFICATION NUMBER
		2c. CALL/ORDER NUMBER
3. TO: <i>(Name and Address of Purchasing Office and Office Symbol of the PCO, if known)</i>		4. CONTRACTOR IDENTITY CODE AND ADDRESS
<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 20px; width: 45%;"></div> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 20px; width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between; width: 100%; margin-top: 20px;"> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 20px; width: 45%;"></div> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 20px; width: 45%;"></div> </div>		5. EXCESS FUNDS <input type="checkbox"/> YES <input type="checkbox"/> NO
		\$ _____
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b., AND 6c.	6b. VOUCHER NUMBER	6c. DATE
7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b, and 7c.	7b. INVOICE NUMBER	7c. DATE FORWARDED
8. REMARKS		
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT		
9b. TYPED NAME OF RESPONSIBLE OFFICIAL	9c. SIGNATURE	9d. DATE
FOR PURCHASING OFFICE USE ONLY		
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:		
<input type="checkbox"/> DATE SHOWN IN ITEM 9d. ABOVE.		
<input type="checkbox"/> DATE SHOWN IN ITEM 10e. BELOW. <i>(Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))</i>		
10b. REMARKS		
10c. TYPED NAME OF RESPONSIBLE OFFICIAL	10d. SIGNATURE	10e. DATE