CONTRACT COMPLETION STATEMENT			
FROM: (Contract Administration Office)		2a. PII NUMBER	
		2b. LAST MODIFICATION NUMBER	
		2c. CALL/ORDER NUMBER	
3. TO: (Name and Address of Purchasing Office and Office Symbol of the PCO, if known)		4. CONTRACTOR IDENTITY CODE AND ADDRESS	
	$\neg$		
			YES NO
<u> </u>		\$	
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 H. FINAL SETTLEMENT IN THE CASE OF A PRICE REVISI 9b. TYPED NAME OF RESPONSIBLE OFFICIAL		SFACTORILY ACCOMPI	ISHED. THIS INCLUDES  9d. DATE
FOR PURC	LHASING 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:			
DATE SHOWN IN ITEM 9d. ABOVE.			
DATE SHOWN IN ITEM 10e. BELOW. (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.))			
10b. REMARKS			
10c. TYPED NAME OF RESPONSIBLE OFFICIAL	10d. SIGNATURE		10e. DATE