CONTRACT COMPLETION STATEMENT			
1. 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	
		5. EXCESS FUNDS	
		YES	NO
		<b>\$</b>	
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b., AND 6c.	6b. VOUCHER NUMBER	Ψ	6c. DATE
T. 15 5000 ADDROVED IN 10105 5000 ADDROVED TO			
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 FINAL SETTLEMENT IN THE CASE OF A PRICE REVIS 9b. TYPED NAME OF RESPONSIBLE OFFICIAL		TORILY ACCOMPLISH	IED. THIS INCLUDES
	FOR PURCHASING OFFICE USE ON	II Y	
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HA IS HEREBY CLOSED AS OF:  DATE SHOWN IN ITEM 9d. ABOVE.			). CONTRACT FILE OF THIS OFFICE
DATE SHOWN IN ITEM 10e. BELOW three months beyond close-out date s	hown in item 9d. above. In such cases g office actions to the contract administ	s, submit a copy of the	
10b. REMARKS			
10c. TYPED NAME OF RESPONSIBLE OFFICIAL	10d. SIGNATURE		10e. DATE