**# AREA-CGP/CFP/CFRP-RQ\_\_\_\_\_-CERT.#\_\_\_**

Date

Associate Administrator Name

Associate Administrator

Finance and Administration Area

Public Housing Administration

PO Box 363188

San Juan, PR 00936-3188

Dear mister :

For services rendered by ***Design Firm Name*** invoice # ***##*** at ***Public Housing Project Name*** Public Housing RQ # ***00####*** for the amount of $***##,###,##*** and should be accounted for as follows:

 **Account AMOUNT**

 **1430 $\_\_\_\_\_\_\_\_\_**

Cordially,

Print Name & Authorized Signature

Title Project Director

Form AVP-500706B

Rev. June 2017