**CFP####-RQ\_\_\_\_\_-CERT.#\_\_\_**

Date

Associate Administrator Name

Associate Administrator

Finance and Administration Area

Public Housing Administration

P.O, Box 363188

San Juan, P.R. 00936-3188

Dear mister :

For services rendered by ***Developer 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**

 **1450.00 $\_\_\_\_\_\_\_\_\_**

Cordially,

Print Name & Authorized Signature

Title Project Manager

Form AVP-500706C

Rev. June 2017