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

Date

Name of Associate Administrator

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 ***Name of Firm*** invoice # ***###*** at ***Name of Public Housing Development*** Public Housing RQ # ***00####*** for the amount of ***$###,###.##*** and should be accounted for as follows:

 **Account AMOUNT**

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

Cordially,

Print Name & Authorized Signature

Title

Form AVP-500706D

Rev. June 2017