**CGP/CFP, CRFP Or GDB 2003 -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 ***Contractor Name*** certification # ***##*** at ***Public Housing Name*** Public Housing RQ # ***00###*** for the amount of $***###,###.##*** and should be accounted for as follows:

**Account AMOUNT**

**1450** $***###,###.##***

**1460** $***###,###.##***

**1470** $***###,###.##***

Cordially,

Print Name & Authorized Signature

Title Project Director

Form AVP-500706A

Rev. June 2017