Imperial Valley
HOUSING
AUTHORITY

Administrative Office - 1402 D Street – Brawley – CA 92227
P: (760) 351-7000
F: (760) 344-9712
1690 West Adams Ave. – El Centro – CA 92243
P: (760) 337-7500
F: (760) 337-1585
www.ivha.org

Work Order Completion Form

Contract No: _____

Project Name:	**Project Manager:**
Location:	**Start Date:**
	Completion Date:
	Project Duration:
Project Goal:	

Work Completion

I hereby confirm that the above project as defined has been performed and completed in full accordance with IVHA bid specification, procedures, and recommendations as per contract.

Name		
Signature		
Date		
Company		
Note:		

To be filled out by IVHA personal only.

Work Approved By

I hereby confirm that the above project as defined has been performed and completed in full accordance with IVHA contract.

Name		
Signature		
Date		
Company/ Title	**I.V.H.A.**	**I.V.H.A.**
Note:		

***This form must be turned in with invoice when work has been completed. Certified payroll and permits will be requested if applicable to the job.**