



STATEMENT OF COMPLETION AND FINAL ACCEPTANCE OF WORK

Contractor _____ Letting Date _____

Work Type _____ Contract ID _____

Accounting ID(s) _____

Project Number(s) _____

Additional Comments

Type of Contract

Specified Start Date _____		Site No.(s) _____	00
Approximate Start Date _____		Working Days Specified:	
Late Start Date _____		Working Days Charged:	
Completion Date Contract _____		Closure Days Specified:	
Actual Start Date _____		Closure Days Charged:	
Field Completion Date _____			

Recommended for Acceptance	Iowa DOT Contract Acceptance
Signature _____ <div style="text-align: center; margin-left: 100px;">Project Engineer</div> Date _____	Signature _____ <div style="text-align: center; margin-left: 100px;">District Construction Engineer</div> Date _____

Approved and Work Accepted on Behalf of the Board of Supervisors of

_____ County this _____ Day of _____, _____ Year

Signature _____

County Engineer

For Central Office Use Only

Recorded Finance
 Recorded Construction & Materials

NOTE: On county administered projects, the County Engineer is required to sign "Recommended for Acceptance" and "Approved and Work Accepted on Behalf of the Board of Supervisors".