

Original	
Revised #	

NOTICE OF COMPLETION OF PUBLIC WORKS CONTRACT

Date:	Date: Contractor's UBI Number:						
Name & Mailing	Address of Public Age	ncy	Department Use Only				
			Assi	gned to:			
			Deta	Assigned			
UBI Number:			Date	e Assigned:			
	e is hereby given relative	to the con	npletion o	f contract or pro	iect describe	ed below	
Project Name			<u> </u>	Contract Num		Job Order Contracting	
						☐ Yes ☐ No	
Description of Work Done	e/Include Jobsite Address((es)					
		□ .,		(10		D 16() (11)	
Federally funded transport Contractor's Name	rtation project?	Yes E-mail A	ddress	(if yes, provid		Contract Bond Statement below) Affidavit ID*	
Contractor 5 Tvame		L-man 1	iddi C55		Zimazit	10	
Contractor Address					Telephone #		
If Retainage is not withhe	ld, please select one of the	_		•			
Retainage Bond		Con			r federally fund	ded transportation projects)	
Name: Date Contract Awarded	Date Work Commenced			Bond Number: e Work Completed Date Work Accepted			
Date Contract /twarucu	Date Work Commenced		Date Wor	k completed	Date Wol	K / Recepted	
Were Subcontracters used	on this project? If so, ple	ease comple	te Addend	um A.	Yes	No	
	ease will be granted until all af						
Contract Amount	\$						
Additions (+)	\$			Liquidate	ed Damages	\$	
Reductions (-)	\$			Amoun	t Disbursed	\$	
Sub-Total	\$			Amou	int Retained	\$	
Sales Tax Rate	<u></u> %						
(If various rates apply, please send	a breakdown)						
Sales Tax Amount	»				TOTAL	\$	
	TOTAL \$	E: These tu	o totals m	ust be equal	TOTAL	Ψ	
Comments:	1,012	i litese tii	o totals in	st se equat			
Note: The Disbursing Officer	must submit this completed no	otice immedia	tely after acc	centance of the work	done under thi	s contract.	
NO PAYMENT SHALL BE N	MADE FROM RETAINED FU	NDS until re	ceipt of all r	elease certificates.	done under un		
Submitting Form: Please sub	mit the completed form by ema	ail to <u>all three</u>	e agencies be	elow.			
Contact Name:						Title:	
Email Address:					Phon	e Number:	
Department of Revenue		Washington Sta	te Department of	F -	4	Employment Security	







Addendum A:	Please List all Subcontractors and S	ub-tiers Below	
This addendum can be	submitted in other formats.		
Provide known affidav	rits at this time. No L&I release will be granted u	until all affidavits are listed.	
Subcontractor's Name:		UBI Number: (Required)	Affidavit ID*
Subcontractor 5 Traine.		CBITtumeer. (Required)	I I I I I I I I I I I I I I I I I I I
For tax assistance or to re Washington Relay Service	equest this document in an alternate format, place by calling 711.	ease call 1-800-647-7706. Teletype	(TTY) users may use the

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REV 31 0020e Addendum (10/26/15)