

# Certification on Completion Template

Mr Kevin Morrison  
Director  
Capital Planning and Resources  
PO Box 34  
SYDNEY NSW 2001

**Project Reference No.:** 99X-99 YYYY/schoolidnumber/1  
**Name/Location:** School Name and Location  
**Project Description:** Project Description

Dear Mr Morrison

I, as the Architect/Supervisor of the above project \_\_\_\_\_ (full name)

\_\_\_\_\_ (address) hereby certify that the

project described above completed in accordance with the following:

- a. Approved Final Sketch Plans No.:
- b. Approved project description shown above

The date of practical completion of the project was \_\_\_\_\_ (date of completion).

I understand that I may be contacted by the Block Grant Authority external auditors in connection with this certification.

My contact phone number is: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Architect's Name (please sign and print full name)