



☐ Original  
☐ Revised # \_\_\_\_\_

## NOTICE OF COMPLETION OF PUBLIC WORKS CONTRACT

**Date:** \_\_\_\_\_ **Contractor's UBI Number:** \_\_\_\_\_

Name & Mailing Address of Public Agency
<b>UBI Number:</b>

Department Use Only
Assigned to: _____
Date Assigned: _____

*Notice is hereby given relative to the completion of contract or project described below*

<b>Project Name</b>	<b>Contract Number</b>	<b>Job Order Contracting</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Description of Work Done/Include Jobsite Address(es)</b>		
Federally funded transportation project? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, provide Contract Bond Statement below)		
Contractor's Name	E-mail Address	Affidavit ID*
Contractor Address		Telephone #
If Retainage is not withheld, please select one of the following and List Surety's Name & Bond Number. <input type="checkbox"/> Retainage Bond <input type="checkbox"/> Contract/Payment bond (valid for federally funded transportation projects)		
Name:		Bond Number:
Date Contract Awarded	Date Work Commenced	Date Work Completed
		Date Work Accepted
Were Subcontractors used on this project? If so, please complete Addendum A. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Affidavit ID* - No L&I release will be granted until all affidavits are listed.		

Contract Amount	\$ _____	Liquidated Damages \$ _____	
Additions ( + )	\$ _____	Amount Disbursed \$ _____	
Reductions ( - )	\$ _____	Amount Retained \$ _____	
<b>Sub-Total</b>	\$ _____		
Amount of Sales Tax _____	\$ _____		
(If various rates apply, please send a breakdown)	\$ _____		
<b>TOTAL</b>	\$ _____	<b>TOTAL</b>	\$ _____

**NOTE: These two totals must be equal**

Comments:
<p><b>Note:</b> The Disbursing Officer must submit this completed notice immediately after acceptance of the work done under this contract.          NO PAYMENT SHALL BE MADE FROM RETAINED FUNDS until receipt of all release certificates.  <b>Submitting Form:</b> Please submit the completed form by email to <u>all three</u> agencies below.</p>

**Contact Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_



[illegible]

Provide known affidavits at this time. **No L&I release will be granted until all affidavits are listed.**

For tax assistance or to request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.	
REV 31 0020e Addendum (04/28/14)	F215-038-000 04-2014

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