

Job Completion Form

For works carried out using the Association Maintenance Pool Fund

Centre	
Works carried out	
Date application approved	
Date work completed	
Cost Under / Over Runs	
Name of Contractor	

- **Has the job been completed to the satisfaction of your centre?**

Yes / No

Comments _____

- **Would you endorse that the contractor be included in the Associations
“recommended trade contractors” list?**

Yes / No

- **Has your centre paid their contribution to the Association?**

Yes / No

- **Has the contractors invoice made out to NSPA been sent to Headquarters?**

Yes / No

Signed

Name/Centre Position

Date