



STATEMENT OF COMPLETION AND FINAL ACCEPTANCE OF WORK

Contractor _____ Letting Date _____

Work Type _____ Contract ID _____

Accounting ID(s) _____

Project Number(s) _____

Type of Contract

Specified Start Date _____

Approximate Start Date _____

Late Start Date _____

Completion Date Contract _____

Actual Start Date _____

Field Completion Date _____

Site No.(s)	00						
Working Days Specified:							
Working Days Charged:							
Closure Days Specified:							
Closure Days Charged:							

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".

Project Engineer – Send original to District

District – Forward original to Office of Construction & Materials and copy to Project Engineer.