

**DEPARTMENT OF PUBLIC WORKS
DEPARTMENTAL QUANTITY SURVEYOR – FINAL PAYMENT CERTIFICATE CHECKLIST**

SERVICE DESCRIPTION: **ZNT**.....**W**:.....

I report as follows:-

1. The Final Account has been approved by
2. ☐ The Final Account checklist report was prepared by
3. ☐ The Final Delivery Certificate has been submitted

Yes	No
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4. ☐ The **penalties**, if any, for late completion of the work on this project have been checked and are correctly reflected in the **Final Payment Certificate**, taking into consideration.

<input type="checkbox"/>	the contract period specified,	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No			
<input type="checkbox"/>	the commencement date as stipulated in the letter of contract award,	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No			
<input type="checkbox"/>	the Completion Certification (First Delivery) and date thereof, and	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No			
<input type="checkbox"/>	the extended due date for completion as per official letter	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No			
5. ☐ A penalty reconciliation schedule has been compiled on attached sheet.

A	NA
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6. ☐ Previous payments made Departmentally to the Contractor correlate with the amounts shown in the Final Payment Certificate.

I therefore recommend that final payment be made on this contract.

Report by (name)..... on this day of20....

.....
Signature

.....
Rank

AGREED/NOT AGREED

.....
REGIONAL MANAGER

! Please check 1 above

Legend

A = Penalties are Applicable and reconciliation sheet is attached.

NA = Penalties are no applicable