

Facilities HUB Project Manager

**WORK ACKNOWLEDGEMENT LETTER**

**Contractor**

**Facility Name**

**Call # / Problem #**

**Date Completed**

**Work Description**

Provided O&M Manual YES \_\_\_ N/A \_\_\_

**Customer Verification of work completion:**

I verify that the above listed contractor has been on site to address the item(s) described in "Work Description." Please print, sign, and date below on the day that work was completed.

***SIGNATURE MUST BE LEGIBLE OR NAME PRINTED***

Signature  Title:  Date:

Printed Name

Comments

**Contractor, please have a USPS staff member fill in the bottom half of this sheet after finishing work. Submit this completed form along with your request for payment.  
YOU MUST INVOICE THIS WORK ORDER WITHIN 30 DAYS OF COMPLETION TO ENSURE PAYMENT.**