

CERTIFICATE OF SATISFACTORY PERFORMANCE

TO WHOM IT MAY CONCERN:

This is to certify that based on records on file that _____
(Name of Contractor)

of _____ has the following accomplishment rating:
(Address of Contractor/ Firm)

Comments/ Observation

- | | | |
|-----------------------------|--|--|
| 1. <i>Excellent</i> | | |
| 2. <i>Very Satisfactory</i> | | |
| 3. <i>Satisfactory</i> | | |
| 4. <i>Fair</i> | | |
| 5. <i>Poor</i> | | |

Name of Agency/ Client : _____

Address of Agency/ Client : _____

Contact Number of Agency/ Client: _____

Name of Project and Location : _____

Description/s : _____

Contract Amount : Php. _____

Duration of the Project : _____

For the Agency/Client:

Signature of Head or Authorized Representative : _____

Name of Head or Authorized Representative : _____

Date Signed : _____