

**Service Completion Form**

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| --- | --- |
| Vendor Name | Job in Rwanda |
| Description of Service | Job Advertisement – **Medical Assistant** |
| Commencement date: | 10-06-2022 |
| Completion Date: | 24-06-2022 |

**Signature of Vendor or Representative confirming completion of service / works:**

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |

**Signature of Representative from IOM confirming completion of service / works:**

**Alida Gloria IRAKOZE**

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |

***For IOM use only:***

PO #:

WBS: