

<p>Department of Health and Human Services National Institutes of Health</p> <p>Final Certification of Acceptable Costs</p>	CONTRACTOR'S NAME
	CONTRACT NO.

I hereby certify that I have examined the Contractor's invoice representing final costs under the referenced contract. To the best of my knowledge and belief the items for which reimbursement is to be made, together with all costs previously claimed and reimbursed for a total amount of \$ _____ under this contract are in agreement with the Contractor's Release (where required) and were necessarily incurred in the performance of the work under said contract.

The Contractor has performed acceptable services as stated in the contract and is not now in default under said contract in furnishing reports, disclosures, licenses, equipment or any other tangible articles required under the terms of the contract; therefore, final payment in the amount of \$ _____ is hereby approved.

Pursuant to FAR 4.804-5 (a) (12) and HHSAR 304.804-70, the required audit has been performed.

The following shall be completed when applicable:

1. Deobligation of funds in the amount of \$ _____ is authorized.
2. A refund in the amount of \$ _____ due to U.S. Government should be collected if not previously refunded.

CONTRACTING OFFICER	DATE
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