UNIVERSITY OF CALIFONIA, SAN FRANCISCO
INDEPENDENT CONSULTANT AGREEMENT

CERTIFICATE OF COMPLETION

Consultant's Name _____ Agreement No. _____

Consultant's Firm Name _____ Invoice No.: _____

Address _____ Invoice Date: _____

City, State, Zip Code _____

( ) _____
Telephone Number

I hereby certify that consulting services as described in the above- referenced Independent Consultant Agreement Number have been completed. My final invoice is attached for payment.

_____
Signature of Consultant Date

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To: UCSF Accounting Department, Box 0812

This is to confirm that services required and described under the above-referenced Independent Consultant Agreement Number have been completed to our full satisfaction and authorize final payment of the attached invoice.

_____
PROGRAM REVIEW OFFICIAL Date

_____
Print or Type Name and Title

_____
Department Name

Copy to:
Materiel Management, Box 0910

ISSUE DATE: AG 10/1/99