**SWEP OFFICE USE ONLY**

**SWEP ID:**

**Application ID: «ApplicationNumber»**

**Purchase Order: «Line1OrderNumber»**

**This form is to be completed when customised equipment is provided or modifications undertaken to SWEP funded equipment**

**Supplier is to return this completed form to SWEP with supplier invoice.**

I / We, **«ClientFirstName» «ClientFamilyName»** agree that the work specified in quote no. «Line1SupplierQuoteRef»

to: «Line1Description» *(details of equipment)*

has been completed satisfactorily by «Line1SupplierName». (*name of Supplier*)

***CLIENT TO SIGN***

Signed by the Client or authorised delegate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***SUPPLIER TO COMPLETE***

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, from **«Line1SupplierName»** can confirm that the customised equipment as specified in quote number above, has been completed, delivered in full, on time and in specifications. Based on recommendation from the prescribing therapist, I agree to undertake any further minor adjustments necessary at no extra cost to SWEP or the client.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Supplier) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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***PRESCRIBING THERAPIST TO COMPLETE***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **prescribing Therapist** confirm that the customised equipment as specified above meets the functional needs of my client.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*prescribing Therapist*) *Date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_