

**ALL CHILDREN'S HOSPITAL & HEALTH SYSTEM
PROJECT CLOSE OUT**

In Use Date: _____

Canceled

Project Number: _____

Project Name: _____

Project Manager: _____

APPROVALS FOR CLOSE OUT:

Project Manager: _____
(Print Name) (Signature) (Date)

Project Analyst: _____
(Print Name) (Signature) (Date)

-
- A. Send funds to re-allocation: _____
 - B. Confirmation No Open Commitments: _____
 - C. Confirmation All GRs Completed: _____
 - D. No Outstanding Invoices: _____
 - E. GR/IR Variance Cleared: _____
 - F. No Further Action Needed: _____
- Operations verification: _____

Sent form to faSSC: (date) _____

NOTES:

faSSC USE Only

Document # _____ Initials _____ Date _____