Johns Hopkins Howard County General Hospital
PROJECT CLOSE OUT

In Use Date: _______________
Canceled

Project Number: __________________________________________________

Project Name: __________________________________________________

Project Manager: ________________________________________________

Send Funds to Re-Allocation: _______________________________________
(Z fund # and Amount to Send)

Project Manager Verification:

A. Confirmation No Open Commitments: ________________________________

B. Confirmation All GRs Completed: _________________________________

C. No Outstanding Invoices: _________________________________________

D. GR/IR Variance Cleared: _________________________________________

APPROVALS FOR CLOSE OUT:

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

Facilities / Plant: ____________________________ (Print Name) (Signature) (Date)

Space Book Changes: ___________________________ (Print Name) (Signature) (Date)

FDS Director: ________________________________ (Print Name) (Signature) (Date)

Sent Form to FASSC: ________________
(Date)

NOTES:

FASSC USE Only
Document # __________________________ Initials ______________________ Date ________