

**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)

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Sent Form to FASSC: \_\_\_\_\_  
(Date)

**NOTES:**

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**FASSC USE Only**  
Document # \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_