PROJECT CLOSE OUT  
(Facilities & JHMCIS)

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)

Space Book Changes:  ___________________     ___________________     _______
                    (Print Name)                  (Signature)                (Date)

Documentation Coordinator:  ___________________     ___________________     _______
                            (Print Name)                  (Signature)                (Date)

Commissioner:  ___________________     ___________________     _______
                (Print Name)                  (Signature)                (Date)

Operations Manager:  ___________________     ___________________     _______
                     (Print Name)                  (Signature)                (Date)

Senior Director:  ___________________     ___________________     _______
                  (Print Name)                  (Signature)                (Date)

____________________________________________________________________

A. Send Funds to Re-Allocation:  ________________________________________

B. Return Funds to Source:  ____________________________________________

C. Close H Project:  ___________________________________________________

D. Close M Project:  ___________________________________________________

E. No Further Action Needed:  ___________________________________________

F. GR/IR Variance Cleared:  ____________________________________________

    Operations Verification: _____________________________

Sent form to FASSC: (date) ______

NOTES:

FASSC USE Only

Document # ______________________ Initials __________________ Date ______