

**PROJECT CLOSE OUT
(Johns Hopkins Health System)**

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)

Commissioning: _____
(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. GR/IR Variance Cleared: _____

D. No Further Action Needed: _____

E. Open PO's Cleared _____

Operations Verification: _____

Sent form to FASSC: (date) _____

NOTES:

FASSC USE Only

Document # _____ Initials _____ Date _____