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 _________