SIBLEY MEMORIAL HOSPITAL
PROJECT CLOSE OUT

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)

_____

   A. Send funds to re-allocation: _____

   B. Confirmation No Open Commitments: _____

   C. Confirmation All GRs Completed: _____

   D. No Outstanding Invoices: _____

   E. GR/IR Variance Cleared: _____

   F. No Further Action Needed: _____

                                 Operations verification: _____

Sent form to faSSC: (date) _____

NOTES:

_____

faSSC USE Only
Document # _____ Initials _____ Date_____