



PROJECT CLOSE OUT MEETING REQUEST FORM

Project Name:

Project Code: Contract Number:

End-Using Dept.:

Project Budget: ✓

Final Project Costs: ✓

Remaining Funds: ✓

Funding Restrictions (Grant, Etc.):

Construction Manager Name:

Documentation Provided

Copy of Dept. Acceptance letter: Yes No

Date Final Request for Payment Received:

Facilities Director/ Project Manager Signature:

Administrative Use

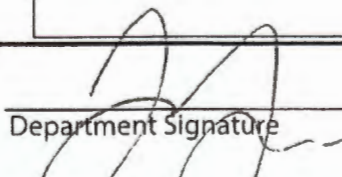
Date Meeting Request Received:

Date of Project Close Out Meeting:

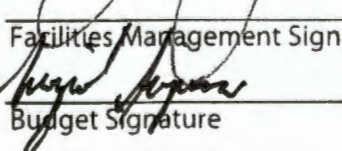
Project Completion Certification (To be completed & signed during CPM):

Recommendation for Remaining Project Funds

Transfer to SOC000056 Marion County Jail Expansion - VJ735523-562102

 Date

Department Signature

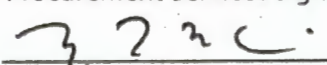
 Date

Facilities Management Signature

 Date

Budget Signature

Debbie Cole Digitally signed by Debbie Cole
Date: 2024.08.20 16:47:09 -04'00'

 Date

Procurement Services Signature

Administration/Fiscal Signature