



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

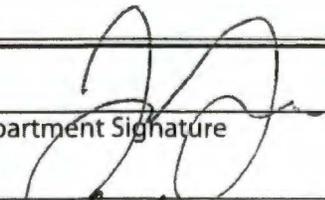
Date Meeting Request Received:

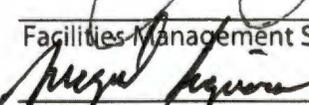
Date of Project Close Out Meeting:

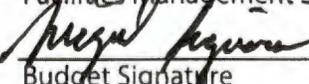
Project Completion Certification (To be completed & signed during CPM):

Recommendation for Remaining Project Funds

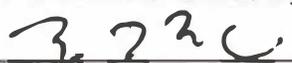
Transfer to SOC000056 Marion County Jail Expansion - VJ735523-562102

 8/20/24
 Department Signature Date

 8/21/24
 Facilities Management Signature Date

 Budget Signature Date

Debbie Cole Digitally signed by Debbie Cole
 Date: 2024.08.20 16:46:17 -04'00'

 8/11/24
 Procurement Services Signature Date

Administration/Fiscal Signature Date