



# 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

Remaining funds will be returned to ZK161519-599505 per benefits manager.

Breakdown to include \$1,000,000 in FFE (ZK711519-564102) and \$734,941.00 in construction risk capital (ZK711519-562102).

Debbie Cole

Digitally signed by Debbie Cole  
Date: 2026.04.28 14:59:54 -04'00'

Department Signature

Date

Procurement Services Signature

Date

Facilities Management Signature

Date

Administration/Fiscal Signature

Budget Signature

Date