



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

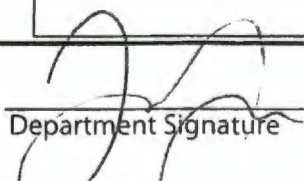
Date Meeting Request Received:

Date of Project Close Out Meeting:

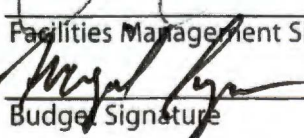
Project Completion Certification (To be completed & signed during CPM):

Recommendation for Remaining Project Funds

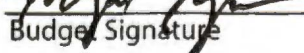
Transfer to SOC000056 Marion County Jail Expansion - VJ735523-562102

 Date

Department Signature

 Date


Facilities Management Signature

 Date

Budget Signature

Debbie Cole Date

Digitally signed by Debbie Cole
Date: 2024.08.20 16:57:11 -04'00'

 Date

Procurement Services Signature

Administration/Fiscal Signature