



PROJECT CLOSE OUT MEETING REQUEST FORM

Project Name: 4H Farm Septic to Sewer

Project Code: UTC000201 Contract Number: 37980 / LPS0071

End-Using Dept.: Utilities

Project Budget: \$65,000.00 ✓

Final Project Costs: \$65,000.00 ✓

Remaining Funds: \$0.00 ✓

Funding Restrictions (Grant, Etc.): N/A

Construction Manager Name: Alejandro Rad AR

Documentation Provided

Copy of Dept. Acceptance letter: Yes No

Date Final Request for Payment Received: 10/30/2023

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

N/A

Department Signature: _____ Date: 1/16/24

Facilities Management Signature: _____ Date: 1/16/24

Budget Signature: _____ Date: _____

Procurement Services Signature: _____ Date: _____

Administration/Fiscal Signature: 3230 Date: 1/16/24