Project Completion Form
Texas A&M University – Texarkana

Project	Requesting Department

Contact	Title	Phone #	Email

Project Walkthrough

By my signature below, I certify that I have personally reviewed this project and deem it to be completed.

Requestor			
	Printed Name	*Signature*	*Date*
Environmental, Health & Safety			
	Printed Name	*Signature*	*Date*
TAMUT Project Manager			
	Printed Name	*Signature*	*Date*
SSC, Director of Facilities			
	Printed Name	*Signature*	*Date*

Outstanding Items (Attach additional pages if necessary)

Project Closed

Vice President Finance & Administration		
Printed Name	*Signature*	*Date*

FOR ADMINISTRATIVE USE ONLY

INCLUDED ☐ SSC INVOICE

INCLUDED / NONE ☐ / ☐ CONTRACTOR INVOICE(S) IF ANY