

**CITY OF HOMER
PROJECT CLOSE OUT**

Project Name: _____ **Today's Date:** _____

Funding Sources: _____ **Beginning Date:** _____

Finish Date: _____

Funding Agencies: _____

Brief Scope of Work: _____

Project Completed - Department

Department Director: _____ Signature _____ Project Supervisor: _____ Signature _____
(If Department Director and Project Supervisor are not the same, both parties need to sign and date)
Date _____ Date _____

Project Completed - Finance

Grants/Project Acct: _____
Date _____

(all billings sent and monies rec'd, reports finalized)

Accounting Supervisor: _____
Date _____
(financials are accurate)

Finance Director _____
Date _____

This certifies that the above mentioned project is finished and accepted by the City of Homer and all agencies related to the project. All billings have been sent to any funding agencies, all monies received, all expenses have been paid and final reports have been sent.