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**FMD Project Occupancy Notification and**

# Notice of Intent to Close-Out Project

|  |  |  |
| --- | --- | --- |
|  | Date: |  |
|  |  |
| To:  |  Project Participants(see distribution list below) |  | Project: |  |
|  |  |  |  |  |
| From: |  |  | Project#: |  |
|  | Project Manager |  |  |  |
|  | Capital Projects  |  |  |  |
|  | Washington University School of Medicine |  |  |  |

**This notification shall serve as your official notice that:**

1. **The anticipated occupancy of the building/renovated space is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**
2. **The above noted project has reached substantial completion and is in the process of project closure.**

**All outstanding costs must be identified and submitted to Capital Projects/Business Operations within Forty Five (45) days of this notification. Any invoices received after such date are subject to rejection by Capital Projects.**

Distribution List:

* Capital Projects
* Business Operations
* Facilities Operations
* TFC
* MSCITS
* EH&S
* Custodial Services
* Protective Services
* Purchasing Services
* Architect/Engineer
* General Contractor