**CONTRACT CLOSE-OUT CHECKLIST**

**(To Be Prepared by the Purchasing Services Coordinator)**

**DATE:**

**TO: Contracts & Grants Manager, Finance Department Contracts & Grants Office**

**SUBJECT: Contract No.**

**MANAGING DEPARTMENT:**

**CONTRACTOR'S NAME:**

**PROJECT TITLE:**

**The attached has met the final payment contract requirement in subject contract.**

**Yes No**

1. Final Invoice

2. Completed Contract/Lease Payment Approval Form

3. Close-Out Documents **Yes No N/A**

a. Signed Release of Lien

b. Proof of Completion Advertisement

c. Certificate of Insurance

d. Consent of Surety to Final Payment

e. Proof of Performance/Payment Bond

Continuation 12 Months Following

Final Payment

5. Remarks

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Purchasing Services Director Date