



Capital Project Completion Report The Southern Baptist Theological Seminary

DEPARTMENT _____
DIVISION _____
PROJECT COORDINATOR _____

PROJECT INFORMATION
Project Name _____
Project Number _____
Project Account Number _____
Approved Budget _____
Project Start Date _____
Project Completion Date _____
Total Actual Cost (all invoices) _____

CHECK ONE AND SPECIFY

- Equipment (specify name and model #) _____
- Land Improvement (specify exact location) _____
- Building Renovation (specify building) _____

Is this project complete? _____
OR
Is this project part of a phase of renovations/improvements? _____
If phased, what percentage of completion does this project represent? _____

DETAILED SCOPE OF WORK THAT WAS COMPLETED

I certify that the above project has been completed by the date specified above AND all invoices, receipts, and reimbursements have been processed and charged to the account. This project may be closed and documentation forwarded to Accounting. I further agree that subsequent receipts, invoices, and reimbursement received after this form is processed may result in having such expenses taken out my departments operating budget.

Project Coordinator's Signature _____
Date

Reviewed by:
Director of Procurement _____ **Date** _____
Director of Accounting _____ **Date** _____