



**NOTICE OF PROJECT COMPLETION AND WARRANTY PERIOD**

**To: Associate Commissioner of Real Estate & Facilities**

<b>Institution Name:</b>		IHL Staff Use Only
<b>Project Number:</b>		
<b>Project Name:</b>		
<b>Design Professional:</b>		
<b>General Contractor:</b>		

**I. Project Status**

<b>Substantial Completion Date:</b>		IHL Staff Use Only
<b>Warranty Start Date:</b>		
<b>Warranty End Date:</b>		
<b>Project Close Out Date:</b>		

**II. Source of Funds**

	Actual Amount	Bond Bill Number / Explanations
<b>State Bond Funds</b> (List amount and Bond Bill number)		
<b>State Bond Funds</b> (List amount and Bond Bill number)		
<b>State Bond Funds</b> (List amount and Bond Bill number)		
<b>Self-Generated Funds</b> (Explain)		
<b>EBC Bonds</b>		
<b>Other</b> (Explain)		
<b>FINAL PROJECT COSTS:</b>		

**III. Additional Information** (if needed)

**IV. Actual Project Costs: Final Breakdown**

	<b>Original Construction Contract Amount</b>
	<b>Total Change Order(s) Amount</b>
	<b>FINAL CONSTRUCTION CONTRACT AMOUNT</b>
	<b>Design Professional Fees</b>
	<b>Miscellaneous Project Costs</b>
	<b>Furniture &amp; Equipment</b> (if applicable)
	<b>FINAL PROJECT COSTS</b>

**V. Certification and Approvals**

		<b>Date Signed:</b>	
		<b>Date Signed:</b>	
<b>Institution's Executive Officer's Signature:</b> (if applicable per the institution)		<b>Date Signed:</b>	