



NOTICE OF PROJECT COMPLETION AND WARRANTY PERIOD

To: Associate Commissioner of Real Estate & Facilities

Institution Name:		IHL Staff Use Only
Project Number:		
Project Name:		
Design Professional:		
General Contractor:		

I. Project Status

Substantial Completion Date:		IHL Staff Use Only
Warranty Start Date:		
Warranty End Date:		
Project Close Out Date:		

II. Source of Funds

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

III. Additional Information (if needed)

IV. Actual Project Costs: Final Breakdown

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

V. Certification and Approvals

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