

Consultant Contract Closeout Request

LPA	
Primary Contact	
Consultant Name	
Project Name	
MCA Number	
Supplemental Agreement Number	
Key Number	
LPA Contact Number	
Contract Amount	
Contract Execution Date	
Contract Completion Date	
Procurement Type	<input type="checkbox"/> Direct Appointment <input type="checkbox"/> Informal Selection <input type="checkbox"/> Formal Selection

Confirmation

I confirm that, to the best of my knowledge and based on review of the agreement and closeout documentation, _____ has satisfactorily preformed the work requirements of this contract. All tasks have been completed and all required deliverables have been submitted and found to meet the requirements of the contract. Final expenditures have been billed and final payments have been made by agency. Further, it has been verified that all sub-contractors used during this project have been paid for all services. With closure of this contract, and by signing this document, neither party is surrendering rights or being released from obligations made in the contract.

Final Report/All Deliverables Received and Accepted Yes No

Performance Evaluation(s) Completed Yes No

Final Payment to Consultant Yes No

Procurement and Contract Administration Files Complete Yes No

Authorized LPA Signature	Date