

CONTRACT CLOSE OUT FORM

Section 1. Contract Information

Contract Number:	LCC Contact:
Brief Description of Purchase	Contract Expiration Date

Section 2. Contract Closeout Checklist (to be completed by the Department)

1. Have the receipt and approval of all deliverables been verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Have all outstanding invoices been paid (not including the final invoice)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Have all outstanding claims, investigations and vendor performance issues been resolved?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Have all key records, data, reports, documents, and correspondence been obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Have warranties been verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Have grant requirements been verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Has review by legal counsel been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Has the final Vendor Performance Report been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Have security badges been recovered from the vendor/contractor's employees including parking passes? Please provide a list of employees where badges need to be recovered.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. Have access to all systems and databases been cancelled for vendor/contractor's employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. Has all property of LCC used by the vendor/contractor's employees been returned including confidential information? Provide a property list so that both parties are in agreement (computers, furniture, signage, table cloths and flat ware).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12. Has a transition plan been created?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13. Have all final reports been received?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14. Has all vendor equipment been removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15. Is the contract file complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16. Indicate the item number and the reason(s) why for all "No" responses above:	
17. Transition Assistance contact information.	
Purchasing Representative (print name)	Purchasing Representative (signature & date)
Department Administrator (print name)	Department Administrator (signature & date)