

PROJECT APPROVAL SIGN-OFF TEMPLATE

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PROJECT NAME			
JOB LOCATION			
EST. START DATE		EST. FINISH DATE	
PROJECT LEADER		COMPANY	
CONTACT NAME		ADDRESS	
PHONE			
EMAIL			

SUMMARY	
DESIRED OUTCOME	
ACTION TO COMPLETION	
BENEFITS OF PROJECT	
PROJECTED SCHEDULE	
PROJECTED BUDGET	
PROJECTED TEAM AND RESOURCE REQUIREMENTS	

PROPOSAL MAY BE WITHDRAWN IF NOT ACCEPTED BY DATE OF	
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ACCEPTANCE OF PROPOSAL			
AUTHORIZED CLIENT SIGNATURE		DATE OF ACCEPTANCE	

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