

# UNIVERSITY OF TOLEDO

# FACILITIES AND CONSTRUCTION

# Architect/Engineer Project Close-out Checklist

*To be submitted with final Professional Services Payment Request.*

## UT Project Name

## UT Project Number

## Architect/Engineer Name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ARCHITECT/ENGINEER**  |  | **A/E** | **PM** | **FIS** |
| (2) hard copies ***and*** (1) PDF & (1) AutoCAD copy of Record Set Drawings, ***and*** (1) PDF copy of Project Specifications (Conformed Documents Version)*See “****Project Closeout Requirements for the Facilities Archive Library”*** *for more detailed info.* |  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |
| Performance Evaluation of Contractor(s) |  | [ ]  | [ ]  | [ ]  |
| *The “Firm Name” on this form is the company name of the Contractor you are evaluating. The “Evaluator Organization” (your firm name) is requested at the bottom of Page 1 of this two-page form.* |
|  |  |  |  |  |

Architect/Engineer Signature Date

UT Project Manager Signature Date

UT FIS Signature Date