Test Plan

Test name:

Version:

Date:

Test ID	Test case	Test data (inputs)	Test steps	Pre-condition	Expected result	Actual result	Pass / Fail	Comments
			1.	1.				
			1.	1.				
			1.	1.				
			1.	1.				

Approval of Test Plan

By signing this document, you certify your agreement and understanding of the contents detailed above and acknowledge <Test name> are satisfactory in the current state. Any changes are subject to the approval of the signee's below or similar representatives of the company.

Client Signature
Name:
Position/Job Role:
Signature:
Date:

Witness Signature
Name:
Position/Job Role:
Signature:
Date:

Company Representative Signature
Name:
Position/Job Role:
Signature:
Date: