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| **v.1** | **DELIVERY ACCEPTANCE TERM** |
| **PROJECT NAME:** | |

# IDENTIFICATION

|  |  |
| --- | --- |
| **CLIENT** |  |
| **SPONSOR** |  |
| **PROJECT MANAGER** |  |

# DOCUMENT OBJECTIVE

[Describe the purpose of the document, the detail of the services provided to be attended]

# DELIVERY

[Describe the delivery with its requirements and acceptance criteria, or refer to the document that will be attached]

# UNSOLVED QUESTIONS

[Use if there are any outstanding issues regarding delivery. Remove section if there is no remaining issue]

# DELIVERY ACCEPTANCE

The participants below attest to the fulfillment of the requirements and acceptance criteria of delivery.

|  |  |  |  |
| --- | --- | --- | --- |
| Project sponsor |  |  | Date |
| Project manager |  |  | Date |