

**QUALITY ASSURANCE TEAM (QAT)
PROJECT REVIEW AGENDA**

Project Name		Agency		Review Location			
				On-site	<input type="checkbox"/>	Off-site	<input type="checkbox"/>
Meeting Logistics							
Date:		Location:		Start Time:		End Time:	
Project Manager		Phone		Email			
Project Review Contact		Title		Email		Phone	

PROJECT INFORMATION:

Please be prepared to address each of the following agenda items.

Item 1: Identify and provide evidence of the current project life cycle phase.

Item 2: Show approved deliverables for the most previous project life cycle phase if applicable.

Item 3: Describe major project changes and the impact to the project's scope, budget, and schedule.

Item 4: Demo system to demonstrate functionality if applicable.

Item 5: Provide the following additional information:

-
-