

PROJECT REVIEW REPORT

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	
Attendees		Title		Email		Phone	

PROJECT PERFORMANCE SUMMARY:

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MONITORING REPORT DESCREPANCIES:

Scope

Budget

Schedule

Accomplishments

ADDITIONAL INFORMATION:

Demo

Project Life Cycle

QAT ACTION:

Request Additional Project Information <input type="checkbox"/>	Request Corrective Action Plan <input type="checkbox"/>	Request Project Audit or Assistance <input type="checkbox"/>
Make Project Recommendations <input type="checkbox"/>	Make Legislative Recommendations <input type="checkbox"/>	Take No Action <input type="checkbox"/>