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**Project Closure Report**

|  |  |
| --- | --- |
| **Project Name** |  |
| **Project Sponsor** |  |
| **Business Unit Manager** |  |
| **Project Manager** |  |
| **Departments (s)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Project Start Date: |  | Project End Date: |  |
|  |  |  |  |
|  |  |  |  |
| Planned Costs: |  | Actual Costs: |  |

Reason for Project Closure:

Choose an item.

### 1.0 Project Background Overview

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| Briefly describe the project. Refer back to the Purpose of the Project in the Project Charter |

### 2.0 Success Criteria Performance

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| --- | --- |
| Success Criteria from Charter *List Objectives & Deliverables from Section 3 of the Charter in this column* | Was this accomplished? If not, explain why |
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### 3.0 Project Highlights and Best Practices

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### 4.0 Milestones, Deliverables and Schedule Performance

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| --- | --- | --- | --- |
| Project Milestones | Plan Date | Actual Date | Comments |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### 5.0 Project Budget Performance

*Use the Actual Amount from the Project Charter in the “Planned Amount” and indicate the Actual Amount as of Project Closure. See Section 7.0 Project Budget of Project Charter.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Planned Amount | Actual Amount | On Going Support Cost | Transaction Based Fees | Explain Variance |
| System or Software as a Service | | |  |  |  |
| * Software |  |  |  |  |  |
| * Hardware |  |  |  |  |  |
| Professional Services | | |  |  |  |
| * Consulting |  |  |  |  |  |
| * Training |  |  |  |  |  |
| COCC Integration or ongoing support cost | | |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

### 6.0 Quality Management

*Describe quality assurance, i.e, what you have carried out to ensure quality results*

### Efficiencies Gained

### 7.0 Describe Details of efficiencies gained and associated metrics

### 8.0 Project Risks Mitigated

### 9.0 Transition in ownership

*Describe the transition in ownership from implementation to operational team(s)*

### 10.0 Lessons Learned

*Describe Lessons Learned and what was unexpected*

|  |  |
| --- | --- |
| Author(s) |  |
|  | Project Manager /Author: (Type Name Here) | |
|  |  | |
|  |  | |
|  | Project Sponsor (Type Name Here) | |
|  |  | |
| EPMO Approval |  | |
|  | EPMO Steering Committee Approval (Enter Date of Committee Approval) | |
|  |  | |