BRITISH COLUMBIA | Ministry of Health

NOTICE TO CLOSE PROJECT CERTIFICATE OF APPROVAL

HLTH 1556 2019/12/04

PROJECT INFORMATION

1. Health Authority Name

2. MOH Project No.

3. Budget Fiscal Year

4. Health Facility

5. Project Name/Description

ACCOUNT INFORMATION

6. Certificate of Approval No.

7. Revision No.

8. Certificate of Approval Expiry Date (YYYY/MM/DD)

BUDGET SUMMARY

	Certificate of Approval/ Restricted Capital Grant	RHD Funding (0.00 If N/A)	Other Funding (0.00 If N/A)	Total Budget Approved By Ministry
9. Total Approved Cost as per COA				$ 0.00
10. Total Actual Expenditures				Total Actual Expenditures $ 0.00
11. Variance	$ 0.00	$ 0.00	$ 0.00	$ 0.00

12. Identify sources and list amounts included in "other funding" (N/A if not applicable)

13. If Total Actual Expenditures are greater than approved cost, provide explanation for increase (N/A if not applicable)

HA CERTIFICATION

Name (please type)

Date Certified (YYYY/MM/DD)

MINISTRY APPROVAL

Ministry Signature

After the project is complete and all invoices have been paid, submit this form to the Capital Services Branch

Print Clear Form