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| **Project Initiation Checklist** | | | | | | | |
| **Project Name:** |  | | | |  | |  |
| **Project Manager:** |  | | | | **Project Number:** | |  |
|  |  | | | |  | |  |
| **Items** | | | **Description** | **Observations** | | | **Date Completed** |
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| **Project Initiation Approvals** | | | | | | | |
| Requested Date: | |  | | | |  | |
| Project Requester: | |  | | | | Signature: |  |
| Department Manager: | |  | | | | Signature: |  |
| Project Manager: | |  | | | | Signature: |  |

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