



DELIVERABLE RECEIPT

PROJECT No.:	CLIENT PROJECT No.:	PROJECT NAME:
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DELIVERABLE IDENTIFICATION

Deliverable Name:	WBS ID: N/A see below
Description:	

DELIVERABLE STAGE		
Preliminary Review Date: _____ Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>
Interim Review Date: _____ Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>
Critical Review Date: _____ Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>
Final Copy Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

	Name	Signature	Date
Accepted by Client Sponsor			

Comments

Engagement Manager or Consultant			
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Comments