

# UAB FACILITIES

## DOCUMENT TRANSMITTAL

**REFERENCE:** Certificate of Substantial Completion (COSC)

**PROJECT:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ORIGINATOR:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **PHONE:** 4-3267

**RECOMMENDED:** \_\_\_\_\_ **DATE:** September 16, 2003

**COMMENTS:**

### APPROVALS:

- |                          |  |                    |
|--------------------------|--|--------------------|
| <input type="checkbox"/> | _____  | <b>DATE:</b> _____ |
|                          | <b>Field Project Manager</b>                   |                    |
| <input type="checkbox"/> | _____  | <b>DATE:</b> _____ |
|                          | <b>Project Manager</b>                         |                    |
| <input type="checkbox"/> | _____  | <b>DATE:</b> _____ |
|                          | <b>Director of Project Management Services</b> |                    |
| <input type="checkbox"/> | _____  | <b>DATE:</b> _____ |
|                          | <b>Director of Design-Build Services</b>       |                    |
| <input type="checkbox"/> | _____  | <b>DATE:</b> _____ |
|                          | <b>Director of Hospital Maintenance</b>        |                    |
| <input type="checkbox"/> | _____  | <b>DATE:</b> _____ |
|                          | <b>Director of Campus Maintenance</b>          |                    |
| <input type="checkbox"/> | _____  | <b>DATE:</b> _____ |
|                          | <b>Associate Vice President for Facilities</b> |                    |

**AFTER APPROVALS RETURN**

**TO:** \_\_\_\_\_  
**Please sign and return to , FAB 245**