



Deliverable Acceptance Request

Division Name:	
Project Name:	
Project Manager:	
Vendor:	
Vendor Project Manager:	
Deliverable Name:	
Delivery Date:	
Expected Date of Response:	
Actual hours worked and Cost incurred :	

Name:	DIV-ISS Signature:	Date:
Name:	IRM Signature:	Date:
Name:	DIV Program Signature:	Date:

Narrative of findings:

Acceptor Disposition:	Approved: _____	Returned: _____
Acceptor Name:	Acceptor Title:	
Acceptor Signature	Date:	
Acceptor Comments/Direction:		