Project Completion Checklist

Unit: UNDP1 - Regional Bureau of Latin America and Caribbean

Project ID/ Output No: 25867/25867- Strategy for Environmental Quality

I confirm that all of the following matters have been considered and resolved:

V No outstanding NEX advances – in either local currency or USD N/A No outstanding PDRs V No open Purchase Orders V No Receipt Accruals N/A No pending prepayments and other non PO advances N/A All pre-financing activities have been recovered and/or reimbursed V No pending GMS or Direct Projects Charging (formerly ISS). (If Off-the-top GMS was used, extra-budgetary income taken must be reconciled to actual expenses/delivery. A pro-rata return of GMS based on the balance of unspent funds must be done). V No unapplied deposits or other unrecorded revenue V No outstanding Accounts Receivable to be received from donors per signed agreements N/A No AR direct journals in budget error or incomplete status V All assets are transferred or otherwise disposed of. Asset transfer letters/ documents are in place N/A No AR direct journals in budget error or incomplete status V All assets are transferred or otherwise disposed of. Asset transfer letters/ documents are in place N/A Ensure all transactions for sale/transfer/donation/disposal etc. of assets have been processed and GMS charged N/A All items held as inventory should be distributed or transferred to recipient or returned to donor as specified in the donor agreement	I confirm that all of the	tollowing matters have been considered and resolved:
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Donors) and the project balance is zero.	N/A	
		Donors) and the project balance is zero.

N/A	Notified Treasury Contributions Unit if the donor agreement requires interest to be
	refunded to the donor if specified in the agreement
N/A	Notified the GSSC to close any associated contract in the contracts module.
N/A	All donor reports, as established in the Cost Sharing agreement, were submitted and
	acknowledged receipt by the donor representative

Name: Luis Felipe Lopez-Calva

Title: RBLAC Director

Signature _____ Luis Felipe López-Calva _____ Date _____

This checklist must be signed by the Resident Representative / Head of office or officer designated by the Resident Representative / Head of office.

