FSA SOLUTION LIFE CYCLE (SLC)

Formal Signoff Document

Phase Name: **Deployment**

Deliverable Name: **Solution Deployed**

Responsible: _____
(Executive Sponsor Name)

_____ _____
(Executive Sponsor Signature) **(Date)**

_____
(Project Manager Name)

_____ _____
(Project Manager Signature) **(Date)**

_____
(IPT Representative Name)

_____ _____
(IPT Representative Signature) **(Date)**