**System Test Plan Sign-off**

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| --- | --- | --- | --- |
| Customer Name: | Date: | | |
| Project Name: | Project # | | |
| This document confirms that the Test Plan was completed and accepted by <Client>, <Title> on <Date>.  *<Describe the key activities that will be completed during this Test Plan, such as targets, dates, and objectives that helps place this document in context.* | | | |
| Accepted for and on behalf of <Company> | | | |
| Name: | | Title: Test Manager | Date: |
| Accepted for and on behalf of <Company> | | | |
| Name: | | Title: Project Manager | Date: |
| Accepted for and on behalf of <Customer> | | | |
| Name: | | Title: | Date: |
| Accepted for and on behalf of <Customer> | | | |
| Name: | | Title: | Date: |
| Comments | | | |
|  | |  |  |