**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 |
|  |  |  |