DELIVERABLE EXPECTATIONS DOCUMENT (DED)

CONTRACTOR NAME:		
CONTRACT NUMBER:	DED NUMBER:	
DELIVERABLE TITLE:		
LEAD STAFF ASSIGNED TO DELIVERABLE:		
CONTRACTOR:		
STATE:		

DESCRIPTION OF DELIVERABLE:

** Attach full description/documentation including all requirements and specifications

DESCRIPTION OF ACCEPTANCE CRITERIA

** Attach full description/documentation of each criteria for acceptance of each requirement/specification

FOR UNANTICIPATED TASKS:	
DELIVERABLE START DATE:	
DELIVERABLE END DATE:	
ESTIMATED HOURS FOR COMPLETION:	

The Deliverable Expectation Document (DED) has been reviewed and agreed upon, and all work associated with this DED will be performed in accordance with the provisions of Contract Number _____.

AUTHORIZED AND APPROVED BY

CONTRACTOR PROJECT MANAGER/DATE:

STATE PROJECT MANAGER/ DATE:

STATE PROJECT SPONSOR/ DATE: