Client Integration Checklist

| Date: | _ | |
|--|--|--|
| Client Name: | | |
| Client Contact: | | |
| Checklist Items | | |
| 1. Initial Client Meeting (2. Required Documentati 3. Integration Scope Defi 4. Technical Requiremen 5. Communication Plan F 6. Milestones and Deadli 7. Follow-up Meeting Sco Additional Notes | ion Gathered: ined: nts Reviewed: Established: ines Set: | |
| Client Approval | | |
| Client Signature: | Date: | |