

Project Name		Milestone List				
Project Number						
Client		Date				
Contractor		Checked by				
Sub-Contractor						
SN	Name	Description	Date	Type		
				<input type="checkbox"/> Internal <input type="checkbox"/> External	<input type="checkbox"/> Final <input type="checkbox"/> Interim	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional
				<input type="checkbox"/> Internal <input type="checkbox"/> External	<input type="checkbox"/> Final <input type="checkbox"/> Interim	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional
				<input type="checkbox"/> Internal <input type="checkbox"/> External	<input type="checkbox"/> Final <input type="checkbox"/> Interim	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional
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