State of Vermont

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Project Name Here

Test Case Matrix

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Prepared By: (Your Name)

Date of Publication: mm/dd/yyyy

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| Test Case # | Test Date | Requirement Reference | Tester Name | Test Case Scenario | Expected Results | Actual Results | Pass Y/N | Corrective Action Taken (if applicable) | Re-Test Date | Test CompleteY/N |
| 1 | mm/dd/yy |  |  |  |  |  |  |  | mm/dd/yy |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |  |  |  |  |