



CLOSE OUT FORM

TO: _____
 FROM: _____
 DATE: _____
 SUBJECT: CLOSE OUT INSTRUCTIONS
 Award # (includes all related award lines): _____ IRB OR IACUC Number
 PI: _____
 SPONSOR: _____
 PROJECT END DATE: _____

Our records indicate that the award indicated above has ended. Please check all boxes below as applicable and provide any requested documentation for review:

	Yes	No	N/A
All expenditures charged to this projects are allowable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committed effort requirements have been met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All payroll costing allocations have been changed to avoid future charges to this award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All PO's and supplier contracts have been closed (encumbrances released & invoices paid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final invoice from subrecipient has been received and paid (invoice must be marked "FINAL")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All related pcard transactions have been approved and posted to this award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The project has been closed with IRB. Please provide date: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All required reports have been submitted to the sponsor with copies to ORA, Post Award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A justification is provided if the residual balance exceeds 20% of total revenue (Please attach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>For Clinical Trials/Clinical Research only:</u>			
All revenue has been recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A review has been conducted to ensure that:			
All procedures are identified as either standard of care or study related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All study related procedures were billed to the study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All standard of care procedures were billed to insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In accordance with the residual policy, please transfer the surplus or move the deficit to program/gift #

By my signature below, I hereby certify that the above information is true and accurate in all respects. Based on my review of the financial data, I believe that the revenue and expenditures are accurate.

	Name:	Signature:	Date:
Principal Investigator:			
Dept. Administrator:*			

All expenditures, including transfers and adjustments have to be posted to the applicable grant on this award prior to it being closed, and final reports and/or invoices submitted. Please respond within 15 days of the date of this letter.

* Department Administrator signature is only required if the account has a deficit.