Request to Close Contract or Agreement

Current Date: ________________________________

Principal Investigator: ________________________________

Project Number & Speed type: ________________________________

Award number: ________________________________

Cash Balance Requested to Transfer ________________________________

Fund 26 Speed type for Cash Transfer: ________________________________

Note: If this balance is greater than 50% of the total cash receipts (5% of the cash residual if sponsor is Federal or award is Federal Flow-through), please complete the High Cash Balance Memo.

Associated with this request, I certify that:
1. All the appropriate expenses, including all appropriate salary expenses, have been booked to this account and are compliant with Cost Accounting Standards and Medicare Billing regulations.
2. All encumbrances have been cleared.
3. All payments earned have been received from the sponsor
4. No further expenses related to this trial will be incurred at a later date.
5. All Funding Distributions in PeopleSoft HR have been appropriately modified so that no future salary expenses will book to this project account.
6. All automatic charges such as telephone, network connections, etc have been discontinued so that no future expenses will book to this project account.
7. All research deliverables are complete.
8. Cash balance is free from claims, and no amounts are due back or payable to the Sponsor.
9. Fiscal Policy 4-1, Section III, J-3 requires that any care outside the Standard of Care be paid by clinical trial vs. Medicare or other carrier.

Name of PI or Responsible Administrator __________________________ Signature of PI or Responsible Administrator __________________________ Date __________________________

Phone Number __________________________

Upon completion of the above information, please forward to Grants and Contracts – Postaward (Campus Box F428)

For G&C Use only:
Date Closed __________________________ JE Number of Cash Transfer __________________________

Amount Transferred to the 26-Fund __________________________ Fund 26 Speedtype __________________________

Disclaimer: The above cash balance becomes unrestricted in the Auxiliary Fund (26 Fund), and is available for use by the PI, consistent with State and University fiscal policy. The funds are not allowed to be transferred to another University without prior approval from Executive Management.