Request to Close Fixed Price or Rate Contract

Current Date ____________________________________________
Principal Investigator ____________________________________________
Project Number & Speedtype ____________________________________________
Project Title ____________________________________________
Protocol/IRB Number ______________________ Date: ________________
Speedtype paid from ______________________ Amount Paid $____________
Screen Failures ______      Patients Enrolled ______     Patients Completed Study______
Cash Balance Requested to Transfer ____________________________________
Destination Speedtype within the 26:  ____________________________________

If this balance is greater than 50% of the total cash receipts (5% if sponsor is Federal or award is Federal Flow-through), please provide how actual expenses differed from the planned budget and how much each differing item contributed to the residual balance (attach additional schedules as needed):
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

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 Policies 4-1, 4-9 requires the residual to be disclosed to your dept. Chair on your annual Disclosure of Financial Interest and, disclose to COMIRB any ongoing related protocols.
10. 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 ______________________ J E Number of Cash Transfer ______________________
Amount Transferred to the 26-Fund ______________________ Recipient Speedtype ______________________
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.