

University of Louisville  
Sponsored Programs Administration – Financial Division

## Closeout Initiation Request Form

Requested by						
	Date					
	Requested by					
	Department					
	Job title					
	E-mail					
	Phone					
Project information						
	PI name					
	Sponsor name(s)					
	Project title					
	Speedtype begin date					
	Speedtype end date					
Financial information						
	Sponsor speedtype			Cost share speedtype		
	Sponsor revenue			Cost share revenue		
	Sponsor expenses			Cost share expenses		
	Sponsor balance			Cost share balance		
	Unrestricted speedtype(s) for SPONSOR balance transfer	Speedtype	Amount	Unrestricted speedtype(s) for COST SHARE balance transfer (if applicable)	Speedtype	Amount
The Principal Investigator has confirmed the following						
All work is complete; all expenses have been paid and posted; all revenue has been received and posted; all cost transfers have been prepared, submitted and posted; all invoices for payments to hospitals, affiliates and subrecipients have been paid (if applicable); and the speedtype(s) may now be closed.					<b>Yes</b>	<b>No</b>
					<input type="checkbox"/>	<input type="checkbox"/>
This project is a clinical trial so the following document is attached (check one)						
		IRB closure notification				
		Sponsor closure notification				
Approved by						
			<b>Signature</b>		<b>Date</b>	
<b>PI</b>						
<b>Dept chair/dean</b>						
E-mail scan of fully signed form to						
SPFA service account		<a href="mailto:grantfa@louisville.edu">grantfa@louisville.edu</a>				
SPFA accountant e-mail						