**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. | **Yes** [x]  **No** [ ]  |
| **This project is a clinical trial so the following document is attached (check one)** |
|  | IRB closure notification |
|  | Sponsor closure notification |
| **Approved by** |
|  | **Signature** | **Date** |
| **PI**  |  |  |
| **Dept chair/dean** |  |  |
| **E-mail scan of fully signed form to** |
| SPFA service account | grantfa@louisville.edu  |
| SPFA accountant e-mail  |  |