**PI CLINICAL TRIALS CLOSE-OUT MEMO**

**DATE:** [**TBD]**

**TO: [Accountant name], Sponsored Programs Finance Administration**

 **Service Account Industry Contracts**

 **Department of Medicine Research Office**

**FROM: [PI name]**

 **[Clinical Financial Manager or UBM]**

**RE: [Chartfield number] speedtype closure**

Please accept this memo as authorization to close the referenced speedtype and to transfer all residual funds to speedtype **[D speedtype #, or Dept or PI RIF #]**. Attached are both the sponsor close-out letter and IRB termination letter verifying this project has ended. We have verified that all research has been completed; the speedtype can be closed; all applicable expenses have been received and posted; all revenues have been received and posted; all necessary cost transfers have been posted; and all invoices for payments to hospitals and affiliates have been paid.

Thank you.