

**SPONSORED PROGRAMS ADMINISTRATION – FINANCIAL DIVISION**  
**CLOSEOUT INITIATION REQUEST FORM**

**DATE:** \_\_\_\_\_  
Requested By: \_\_\_\_\_  
Department: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
PI Name: \_\_\_\_\_  
Sponsored Award Speedtype: \_\_\_\_\_  
Sponsor Name: \_\_\_\_\_  
Project Title: \_\_\_\_\_  
Project Begin Date: \_\_\_\_\_  
Project End Date: \_\_\_\_\_  
Total Amount of Award: \_\_\_\_\_  
Total Expenditures (including F&A): \_\_\_\_\_  
Remaining/Surplus Balance (or Deficit): \_\_\_\_\_  
Unrestricted Speedtype for Transfer of Deficit (*if left blank, deficits will be transferred to the DRIF# identified below*): \_\_\_\_\_  
Default Speedtype for Transfer of Deficit = DRIF #: \_\_\_\_\_  
(*to be completed by SPFA*)

**The Principal Investigator has confirmed the following statements:**

*All work is complete.* Yes \_\_\_\_\_ No \_\_\_\_\_  
*All expenses have been paid and posted.* Yes \_\_\_\_\_ No \_\_\_\_\_  
*All revenue has been received and posted.* Yes \_\_\_\_\_ No \_\_\_\_\_  
*All cost transfers have been prepared, submitted, and posted.* Yes \_\_\_\_\_ No \_\_\_\_\_  
*All invoices for payments to hospitals, affiliates and subrecipients have been paid (if applicable):* Yes \_\_\_\_\_ No \_\_\_\_\_  
*The speedtype may now be closed.* Yes \_\_\_\_\_ No \_\_\_\_\_

**Please attach the following for Clinical Trials:**

*A copy of the IRB closure notification -or- Sponsor's notification of study closure.*

Approved By:

\_\_\_\_\_  
PI

\_\_\_\_\_  
Date

\_\_\_\_\_  
Departmental Chair/Dean

\_\_\_\_\_  
Date

Please complete and return this form via email to the assigned SPFA accountant as identified on University Report 03B and to the SPFA Service Account at [grantfa@louisville.edu](mailto:grantfa@louisville.edu). If you have any questions regarding the completion of this form, please contact your respective SPFA accountant directly.