

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. If you have any questions regarding the completion of this form, please contact your respective SPFA accountant directly.