**Submitted By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant Number/Internal Order(s): Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Budget: $ Residual Balance: $ Residual %**

**Please transfer the direct cost balance to Cost Center: Fund:**

*NOTE: All indirect costs will be considered earned at the completion of the fixed price agreement and are not transferable to the cost center noted above. They will be treated in accordance with UPPS 03.04.05.*

 **Principal Investigator Certification (Initial each blank and complete the certification):**

Yes NO

🞏 🞎 All required project work is complete, and all reports and other deliverables have been provided to the sponsor. 🞏 🞎 All expenditures related to the project have been properly charged to the sponsored program account.

🞏 🞎 If the residual balance exceeds 25%, an explanation of the variances between the last approved agency budget and the final expenditures report for each individual budget line item is attached.

🞏 🞎 All residual balances transferred will be expended to further the university’s research and sponsored programs

efforts in compliance with UPPS 03.04.05 Sec 05.01.

PI Certification:

 ***(Typed/Printed Name) (Signature) (Date)***

***(Please send completed form to the Office of Sponsored Programs)***

**OSP Certification (Initial each blank and complete the certification):**

Yes NO

🞏 🞎 The contract is fixed-price (i.e., there is no provision for return of unexpended funds to the sponsor) and documentation of the agreement is attached

🞏 🞎 All payments required under the contract have been received.

🞏 🞎 A final grant summary (SAP budget-to-actual report) is attached.

OSP Certification:

 ***(Director, OSP) (Signature) (Date)***

**Additional Required Approvals:**

**For residuals that equal or exceed $5,000:**

Assistant VP - Research:

 ***(Typed/Printed Name) (Signature) (Date)***

**For residuals that equal or exceed 25% or $10,000:**

Associate VP - Research:  ***(Typed/Printed Name) (Signature) (Date)***