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**FIXED PRICE AWARD RESIDUAL BALANCE TRANSFER FORM**

***Reminder: Please review the terms and conditions of the sponsored award before completing this form and refer to the Guidance on Fixed Price Sponsored Awards. All required approvals must be obtained before transfer can be made.***

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| **Information** |  | | Date: | |  |
| **Principal Investigator:** | |  | | |
| **Account # (33 digits):** | |  | | |
| **Prime Sponsor/Sponsor:** | |  | | |
| **Award Period:** | |  | | |
| **Project Title:** | |  | | |
| **Status** | **Award Amount:** | | $ | | |
| **Payments Received:** | | $ | | |
| **Accrued Interest:** | | $ | | |
| **Cumulative Expenses:** | | $ | | |
| **Unexpended Balance:** | | $ | | |
| **Account Close-Out Summary** | **Please provide a detailed explanation for balance(s) that is ≥ 25% of the total award amount and/or ≥ $100k.** | | | | |
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| **Transfer Coding** | **Account** | | | **Amount** | |
| **Transfer indirect cost and/or administrative fees to School Account(s) #: 325-28500-015034-585101-0000-00000** | | | $ | |
| **Transfer remaining unexpended balance to Departmental Unrestricted Account(s) #:** | | | $ | |
| ***All terms and deliverables of the Award have been met, and all applicable charges have been applied to the award.*** | | | | | |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **OSP Research Finance Manager Signature/Date**  **PRINT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Principal Investigator Signature/Date**  **PRINT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Designated SEAS Representative Signature/Date**  **PRINT NAME** Leslie Schaffer  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **[If required] Local/Unit Signature/Date**  **PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |  | | **Principal Investigator Signature/Date** |