

## **CLOSEOUT FORM**

Please provide and confirm the following information.

**Closeout forms for clinical studies (57001) should be sent to Clinical Research Finance at [CRF@uth.tmc.edu](mailto:CRF@uth.tmc.edu) by the third week of the month. Requests sent after that, may or may not be processed due to the volume of requests.**

All others:

Send completed form to PAF, [PAF@uth.tmc.edu](mailto:PAF@uth.tmc.edu)

<b>Project Number to Close:</b>	
<b>Contract Residual Project Chartfield to transfer funds to (Fund 57050): (if one is not available a project will be created)</b>	
<b>Total amount to be collected:</b>	
<b>What is the dollar amount to be transferred?</b>	
<b>What is the percent remaining? (Amount being moved/total collected* 100)</b>	
<b>If percent remaining is 10% or greater, please provide a detailed justification (narrative) explaining why the balance is in excess of 10%:</b>	

### **The Following criteria have been met:**

- It is a 57001 fund project
- All invoices have been received and paid (example MHH invoices, Quest invoices)
- All payments have been received (including final payment /payment of hold back- if applicable.)
- No Deficits (if in deficit, please provide CFS where you want to move funds from to cover that deficit)
- No encumbrances
- Closed out in Iris – with closure report submitted

Prepared by: \_\_\_\_\_

Preparer Signature: \_\_\_\_\_

PI: \_\_\_\_\_

PI Approval Signature: \_\_\_\_\_

DMO: \_\_\_\_\_

DMO Approval Signature: \_\_\_\_\_