

		FIXED-PRICE - RESIDUAL	BALANC	E CLOSEOUT FORM			
1.	Award:						
	A. Principal Investigator:		G.	KFS Award Number:			
	B. College/Dept/Division:		<u>—</u> Н.	Award Amount (\$):			
	C. Sponsor:		I.	Award End Date:			
	D. Sponsor Award No.:			KFS Chart:			
	E. Prime Sponsor, if any:			KFS Acct Number(s):			
	F. Project Title:			Ki 5 / teet ivalliber (5).			
	1. Project fille.						
2.	Residual Balance:						
۷.							
	Residual cash balance		\$				
	KFS Chart/Account to transfer to		Chart		Account		
	Dean/director/chancellor's fixed	d price account	Chart		Account		
	For significant residual balances	(in excess of 20%) select A and	d/or B, b	elow:			
	A. The residual balance is due t	:0:					
	7. The restaudi sulative is due to	·					
	B. Additional time is required to	o provide an explanation. I red	quest tra	nsfer of the entire net	residual balance to	o my	
		xed price account for further re	-			· · · · ,	
	death, an ector, charteener 3 h	Aca price account for farther to	cvicvv ai	ia resolution.			
2	Certification:						
3.							
		signature below, I hereby certify that:					
	A. I am responsible for adminis	tering this award in accordance	e with sp	ponsor and UH regulation	ons and policies,		
as applicable, and accept the compliance and financial risks associated with the award and its residual balance. B. The award meets all applicable sponsor and UH criteria for closeout.						ice.	
	C. The scope of work is comple	•					
	The state of the s				la 4 la a		
	D. No outstanding work activiti						
E. All allowable, allocable, and reasonable costs, including salaries, have been recorded in the project ac							
	F. Significant residual balances	will be transferred to my dean	/directo	or/chancellor's fixed-pri	ce account for furt	her	
	review and resolution, if appl	licable.					
Prin	cipal Investigator:						
	Signature	Print Name		Email Address		Date	
Fisc	al Administrator:						
	Signature	Print Name		Email Address		Date	
	FOR ORS USE ONLY:						
	FOR ORS USE UNLY.			T	¥ .		
				Transaction Information*:			
	Reviewed/recommend approva	l:					
				IDC %		KFS eDoc #	
						KI 5 CDOC#	
	ORS Accountant	Date		IDC			
	ono / tocountaine	Bate					
				Transfor			
				Transfer			
	Approved/Disapproved:			Transfer Residual Balance			
	Approved/Disapproved:			-			
	Approved/Disapproved:			-			
	Approved/Disapproved: ORS Director	Date		-	rds with multiple a	accounts.	