

Balance Verified with Project Manager Yes No NA Initials _____
American Recovery & Reinvestment Act (ARRA) Reporting Yes No NA Initials _____

Comments:

Purchasing Responsibility: Applicable only if equipment was purchased relating to sponsored funding.
(Must be filled out by Purchasing Director)

Equipment Inventoried Yes No NA Initials _____
Comments:

By signing this form, I acknowledge that this account is closed and no additional charges will be incurred, e.g. Payroll, Purchasing, Bookstore, Campus Post Office, etc. This file and all supporting documentation, including data/data notebooks, will be kept for 3 years from the grant end date.

OSRG Representative

Date

Accounting Representative

Principal Investigator

Date

Date Closed in Accounting

Financial Closeout Document Attached