

Memorandum

Date: February 2, 2024

To: 0

From: 0

RE: Fixed Price Award – Close Out  
Agency: 0  
Agency Award #: 0  
Title: 0  
UF Contract # 000  
UF Project # 000

Contracts & Grants Accounting is in the process of closing your above referenced project. Please provide the requested information and **return this document to our office within 5 business days of its receipt**. If not received within 5 business days C&G will move forward with finalizing and financially closing your award. Email transmittals are acceptable.

**Our records indicate the following information:**

Award Amount:	\$	-	Project Expiration Date:	1/0/1900	
Payments Received:	\$	-	F&A Rate / Base	0.00%	0
Less Total Expenditures:	\$	-			
Equals Unexpended Funds:	\$	-			

<b>Direct Dollars Unexpended</b>	\$	-	<b>Indirect Dollars Unexpended</b>	\$	-
Residual Balance	\$	-	Indirects will be distributed following UF's Indirect Cost Return Policy		

If you disagree with this information please contact our office immediately for resolution.

Funds will be distributed as follows: Please provide the destination 212 Residual Fund chartfield:

<b>PI distribution:</b>	\$	-	_____			
			Project #	Fund	Dept ID	Program Code

Request for establishment of new residual or CT project

\_\_\_\_\_ Dept ID PI Name & UF ID

If you agree with this information, then we can proceed to process the unexpended balance. Please indicate below (select one of the three options) how the Direct Dollars Unexpended should be processed by this office.

- Transfer these funds as indicated above (remember to provide project information)
- Do not close this Project. An extension of time is anticipated.
- Return all unexpended funds to the sponsoring agency.

Please review and sign this affirmation:

*As Principal Investigator, I affirm all work and deliverables have been completed and provided to the sponsoring agency per the award terms. Further, that all costs made in support of this project have been charged accordingly and in compliance with the sponsoring agency's*

As Unit/Department Head, I affirm the Department and/or Center has recovered all appropriate costs in connection with this project and agree the residual balance should be processed as requested.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Principal Investigator Date

\_\_\_\_\_  
Unit/ Department Head

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Cc: Unit/Department Head