

**Request for Access to Residual Balance**

Access to residual balances from sponsored projects is subject to the **Residual Policy-For-profit Sponsored Research Projects**.

Sponsor: \_\_\_\_\_ Department: \_\_\_\_\_

GTS#: \_\_\_\_\_ Project #: \_\_\_\_\_ F&A Rate: \_\_\_\_\_

IRB / ACUC#: \_\_\_\_\_

Total \$ Received: \_\_\_\_\_ Remaining

Residual Balance: \_\_\_\_\_ surplus

[Note: that this includes both directs and indirects, this is the fund balance]  
negative residual balance indicates a deficit

Provide the unrestricted chart field for residual balance funds to be transferred to:

\_\_\_\_\_

**As Principal Investigator, I confirm the following (check all that apply):**

- \_\_\_\_\_ Total number of subjects enrolled (if a clinical trial)
- \_\_\_\_\_ All work has been completed
- \_\_\_\_\_ All Invoices for the project have been submitted to sponsor (non-Clinical Trial studies)
- \_\_\_\_\_ All payments for the project have been received from sponsor (non-Clinical Trial studies)
- \_\_\_\_\_ No outstanding items remain open or in question with sponsor
- \_\_\_\_\_ All applicable reports have been received from sponsor
- \_\_\_\_\_ All costs have been applied to the sponsored project chartfield
- \_\_\_\_\_ All personnel (salary) has been removed

If the residual balance funds are more than 25% of the received amount, please provide an explanation for the reason such funds remain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PI (or Designee) Signature

\_\_\_\_\_  
PI Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Administrative Contact

### Request for Access to Residual Balance

Sponsor: \_\_\_\_\_ Department: \_\_\_\_\_

GTS#: \_\_\_\_\_ Project #: \_\_\_\_\_ F&A Rate: \_\_\_\_\_

IRB / ACUC#: \_\_\_\_\_

**For the Clinical Trials Office Use Only:**

- \_\_\_\_\_ Is study in CRMS?
- \_\_\_\_\_ All Invoices for the project have been submitted to sponsor
- \_\_\_\_\_ All payments for the project have been received from sponsor
- \_\_\_\_\_ None of the funds remaining are due to an overpayment by sponsor
- \_\_\_\_\_ Reconciliation in CRMS is complete
- \_\_\_\_\_ Confirmation that Pharmacy has received all funds
- \_\_\_\_\_ All IRB fees are paid. If no, please indicate outstanding fees and amounts due below:

\_\_\_\_\_

\_\_\_\_\_ Clinical Trials Office Signature \_\_\_\_\_ Name

\_\_\_\_\_ Date

**For the Office of Sponsored Programs Use Only:**

- \_\_\_\_\_ Verification of the various amounts referenced above is complete
- \_\_\_\_\_ All expense-based financial reports have been filed, as applicable
- \_\_\_\_\_ PI has no other sponsored project account deficits
- \_\_\_\_\_ Unrestricted residual balance amount available for transfer
- \_\_\_\_\_ Recovered any waived / reduced F&A
- \_\_\_\_\_ Verification that contract does not require return of funds
- \_\_\_\_\_ Verify IRB/ACUC fees have been paid
- \_\_\_\_\_ Verify that IRB/ACUC protocol has been closed
- \_\_\_\_\_ Transfer of funds requested has been approved

\_\_\_\_\_ Office of Sponsored Programs Signature \_\_\_\_\_ Name

\_\_\_\_\_ Date

**Notes:**