

Closeout Checklist

All fields in red are required to be completed before returning the form to OSP. Thank you.

PI/PD: _____ SU Account #: _____
 Sponsor: _____ Award ID #: _____
 Grant Period: _____ Final Report Date: _____

Please review the attached final financial report reflecting all expenses as of your project's end date and compensation charged in the final project period; then complete this form in consultation with your budget manager and certify the final financials, compensation and closeout tasks as outlined below. If you have any questions or concerns regarding the financials, please contact riesterj@seattleu.edu. Once certified, please return form to osp@seattleu.edu.

Yes	N/A	Payroll Closeout Requirements
		All faculty/staff/student appointments have been removed from the award.
		All compensation has been reviewed have been reviewed and is appropriate.
Yes	N/A	Expense Review Requirements
		All JE/purchases/POs/ check requests have hit the account.
		All unallowable costs (as defined by the sponsor) have been removed.
		All subcontract final invoices have been processed and/or reimbursed.
		All cost sharing requirements have been met and documented.
Yes	N/A	Reporting Requirements
		All subaward final reports have been received.
		All technical and financial reports have been submitted to the sponsor

Does this account have a \$0.00 balance? YES NO . *If NO, complete below:*

<input type="checkbox"/> SURPLUS - Funds remaining: \$ _____ Select one option below to account for surplus:	<input type="checkbox"/> DEFICIT - Overspent by: \$ _____ Select one option below to account for deficit:
<input type="checkbox"/> Return balance to sponsor	<input type="checkbox"/> Transfer balance to an unrestricted account Activity string #:
<input type="checkbox"/> Carry balance to project's new activity string: _____	<input type="checkbox"/> Carry balance to project's new activity string: _____
<i>Must attach documentation of approval from sponsor.</i>	<i>Must attach documentation of approval from sponsor.</i>

By signing below, I certify attached final financial and compensation report has been reviewed. To the best of my knowledge, salary and wages charged to this project are appropriate in relation to work performed on this project. All other costs charged to this project are, to the best of my knowledge, allowable, allocable, and reasonable. Based on my above responses, this sponsored project should be closed.

PI signature Date

By signing below, the Budget Manager or Dean acknowledges this project is prepared to be closed.

Budget Manager or Dean Date

Office of Sponsored Projects
 Destroy Date: _____
 (7 years from project end date)

Controller's Office
 All sponsor funding has been received:
 YES NO

Comments:

OSP Date

Controller's Office Date