



Balance Transfer Form

To be used for balance transfers and/or closing of :Clinical Trials, Federal Fixed Price Pass-Through's, Other Fixed Price Agreements, Program Development Accounts and Defined Research Project Accounts

IRB or IACUC#: _____ (Required for All Projects Involving Human or Animal Subjects)
Dept Contact/Preparer: _____ Phone #: _____

Clinical Trials, Federal Fixed Price Pass-Throughs and Other Fee for Service Agreements - -
TRANSFER a BALANCE and/or CLOSE the following ACCOUNT:

OGA Award#: _____ OGA Project #: _____

Project Title: _____

Sponsor: _____ PI Name: _____

Reason/explanation as to why a balance exists (not applicable for Industry Sponsored Clinical Trials or DRAs):

Transfer existing balance to Program Development Account # _____
Transfer existing deficit to account: (GL Fund-Org or PDA Account) _____

Program Development Accounts (PDA's) and Defined Research Accounts (DRA's) - -
TO CLOSE and/or TRANSFER FUNDS (From a PDA to another PDA or to a Defined Research Account (DRA)):

Activity continues on this PDA/DRA. Transfer funds as identified below:
Activity is complete on this PDA/DRA. No further new expenses or new residual balances are expected.
Please close account and transfer balance as indicated below:

Transfer from Proj # _____ to Proj # _____ ; \$ _____
DC

Certifications and Approvals

The signature of the PI and Fiscal Manager below indicates that the above information is accurate and that all applicable expenses have been posted to the account; all income has been applied; the study is completed and all applicable sponsor policies and procedures were adhered to by the PI and staff. :

Principal Investigator Date Award Fiscal Manager Date Sponsored Projects Admin Date